

VSP Signature Plan® Proposal



Our Member Promise guarantees that employees are completely satisfied with their eyecare and eyewear from VSP network providers, or we'll make it right. This includes satisfaction with out-of-pocket costs, consumer's #1 priority in a vision plan.

Benefit	VSP Network Providers subject to applicable copays ¹	Out-of-Network Providers subject to applicable copays ¹
WellVision Exam	Covered-in-full after copay Routine retinal screening guaranteed pricing, not to exceed \$39 ²	Reimbursed up to \$ 45
Contact Lens Exam – Fitting and Evaluation (when choosing contacts)	Standard and premium fit: covered-in-full after copay – 15% off ² contact lens exam services; copay will never exceed \$60	See elective contact lenses
Single Vision Lenses	Covered-in-full after copay	Reimbursed up to \$ 45
Lined Bifocal Lenses	Covered-in-full after copay	Reimbursed up to \$ 65
Lined Trifocal Lenses	Covered-in-full after copay	Reimbursed up to \$ 85
Lenticular Lenses	Covered-in-full after copay	Reimbursed up to \$125
Frame	Covered-in-full after copay up to \$130 allowance (\$50 wholesale) 20% off ² any amount exceeding retail allowance Members selecting featured frame brands including Ann Klein, bebe®, ck Calvin Klein, Flexon, Lacoste, Nike, Nine West, and more will receive an extra \$20 toward their frame allowance. ³	Reimbursed up to \$ 70
Elective Contact Lenses	Covered up to \$130 (instead of lenses and frames) Mail-in rebate savings ⁵ on eligible Bausch & Lomb contacts	Reimbursed up to \$105 ⁴ (includes contact lens exam and materials)
Necessary Contact Lenses ⁶	Covered-in-full after copay (instead of lenses and frames)	Reimbursed up to \$210

Benefit	Benefit Highlights
Lens Enhancements	Covered after a copay – the following are some of our most popular lens enhancements:
	Standard Progressives Plastic \$50 copay
	Premium Progressives Plastic \$80-90 copay
	Custom Progressives Plastic \$120-160 copay
	Solid Tints & Dyes (Pink I&II) Covered-in-full
	Solid Plastic Dye (except Pink I & II) \$13 copay
	Plastic Gradient Dye \$15 copay
	UV Protection \$14 copay
	Factory Applied Scratch-resistant Coating \$15 copay
	Polycarbonate Lenses Covered-in-full for dependent children \$23 single vision or \$28 multi-focal copay
	Standard Anti-reflective Coating \$37 copay
	Photochromic Lenses Plastic \$62 single vision or \$76 multi-focal copay
Primary EyeCare Plan SM	Supplemental medical coverage for specialty eyecare services and conditions \$20 copay per visit
Low Vision	Supplemental testing covered every two years 75% of the cost for approved low vision aids, \$1,000 maximum (less any amount paid for testing)
Additional Glasses	30% off ² additional complete pairs of prescription and non-prescription glasses (includes sunglasses) ⁷
Laser VisionCare Program	15% average discount or 5% off promotional price for PRK, LASIK, and Custom LASIK ⁸ Members who've had LVC surgery can use their frame benefit for non-prescription sunglasses
Exclusions and Limitations ⁹	There may be some materials and services with either limited or no coverage under this plan Please contact your VSP representative for more information

¹ When covered-in-full services are obtained from a VSP network provider, the patient will have no out-of-pocket expense other than any applicable copays. Services and eyewear obtained through out-of-network providers are subject to the same copayments and limitations. Please refer to rate page.

² Based on applicable laws, benefits may vary by location.

³ Featured frame brands are subject to change.

⁴ If \$100 allowance is purchased, out-of-network providers will reimburse up to \$85.

⁵ Rebates subject to change.

⁶ Necessary contact lenses and fitting and evaluation are covered-in-full for members who have specific conditions for which contact lenses provide better visual correction.

⁷ 30% off applies to glasses purchased the same day as the member's eye exam from the same VSP network provider who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam.

⁸ LaserVision Care discounts are only available from VSP-contracted facilities. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member.

⁹ Coverage shall be governed solely by the terms of your VSP contract.