

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
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Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10 for exam	Every 12 Months

ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Routine retinal Screening Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs 	No more than \$39 copay \$20 exam copay	
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PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none"> \$200 Frame allowance 20% savings on the amount above retail allowance 	\$25 Frame/Lens	Every 24 months
LENSES	<ul style="list-style-type: none"> Glass or plastic single vision, lined bifocal, lined trifocal or lenticular lenses covered in full* 	\$25 Frame/Lens	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> <div> Lens Enhancement Anti-reflective coating Polycarbonate – Adult Polycarbonate – Children Progressive Photochromic Scratch-resistant coating </div> 	Single Vision \$41 \$31 Covered N/A \$75 \$17	Multifocal \$41 \$35 Covered \$75 \$17
<i>Pricing above reflect standard lens enhancement selections premium or custom lens enhancements may also be available at an additional cost</i>			
ADDITIONAL PAIRS OF GLASSES	<ul style="list-style-type: none"> Within 12 months of exam; 20% off unlimited additional pairs of prescription glasses and/or prescription sunglasses from any VSP doctor 		

CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> Contact lens exam (fitting and evaluation): Standard and Premium fits are covered after copay. Member receives 15% off contact lens exam services and member's copay will never exceed \$60. Prescription contact lens materials are covered in full up to the retail allowance of \$150 (in lieu of frame and lenses) Members can choose any available prescription contact lens materials
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VSP Laser VisionCareSM Program	<ul style="list-style-type: none"> Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, and Custom LASIK <p><i>Discounts are only available from VSP-contracted facilities. Also, custom LASIK coverage only available using wavefront technology, other LASIK procedure may be performed at an additional cost to the member.</i></p>
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OUT-OF-NETWORK SCHEDULE

VSP provides the following out-of-network reimbursements:

Exam.....up to \$45	Lined Bifocal Lenses.....up to \$50	Elective contact lenses.....up to \$105
Frame.....up to \$70	Lined Trifocal Lenses.....up to \$65	(in lieu of lenses and frames)
Single Vision Lenses.....up to \$30		

Disclaimers and Exclusions

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location. Benefits may also vary at participating retail chains. Promotions like special offers and rebates are continually evaluated and subject to change without notice. Promotions and featured frame brands do not apply at Costco® Optical, Sam's Club, or Walmart Optical. Costco® Optical allowance of \$80 is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

The following items are not covered under this plan: plano lenses (lenses with refractive correction of less than ± .50 diopter), two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing. LightCare coverage uses the frame allowance for non-prescription ready-made sun or blue-light filtering glasses in lieu of prescription glasses or contacts.

The following items are not covered as contact lens benefits: insurance policies or service agreements; Refitting of contact lenses after the initial (90-day) fitting period, artistically painted or non-prescription lenses; additional lens pathology; contact lens modification, polishing or cleaning.

Please read your Schedule of Benefits for details regarding the exclusions and limitations of your coverage. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.