

# VSP Eyecare Plan

Eyecare Benefit Summary*	
Your Coverage	
<p>When visiting a VSP network doctor, you'll receive:</p> <p><b>Exam covered in full.....every 12 months</b></p> <p><b>Prescription Glasses</b></p> <p style="padding-left: 20px;"><b>Lenses covered in full.....every 24 months</b> Single vision, lined bifocal and lined trifocal lenses</p> <p style="padding-left: 20px;"><b>Frames.....every 24 months</b> Frame of your choice covered up to \$120. Plus, 20% off any out-of-pocket costs.</p> <p style="text-align: center;">~OR~</p> <p><b>Contacts.....every 24 months</b> When you choose contacts instead of glasses, your \$105 allowance applies to the cost of your lenses and the fitting and evaluations exam. This exam is in addition to your vision exam to ensure proper fit of contacts.</p>	
Extra Discounts and Savings	
<p><b>Laser Vision Correction Discounts</b></p> <p><b>Prescription Glasses</b></p> <ul style="list-style-type: none"> <li>● Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives</li> <li>● 20% off additional prescription glasses and sunglasses</li> </ul> <p><b>Contacts</b></p> <ul style="list-style-type: none"> <li>● Exclusive pricing on annual supplies of popular brands</li> <li>● 15% off cost of contact lens exam (fitting and evaluation)</li> </ul>	
Your Copays	
<b>Exam.....</b>	<b>\$10</b>
<b>Prescription Glasses.....</b>	<b>\$25</b>
<b>Contacts.....</b>	<b>No copay applies</b>
<p>Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800-877-7195.</p> <p>Reimbursement Amounts:</p> <p>Exam.....Up to \$45</p> <p>Lenses:</p> <p style="padding-left: 20px;">Single Vision.....Up to \$45</p> <p style="padding-left: 20px;">Bifocal.....Up to \$65</p> <p style="padding-left: 20px;">Trifocal.....Up to \$85</p> <p style="padding-left: 20px;">Frame.....Up to \$47</p> <p style="padding-left: 20px;">Contact Lenses.....Up to \$105</p>	

\* VSP guarantees service from VSP network doctors only.

\*In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.