

Your VSP Vision Benefits Summary

HDIET PLAN A - OPTION 2 and VSP provide you with an affordable eyecare plan.

VSP Doctor Network: VSP Choice

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency
Your Coverage with VSP Doctors and Affiliate Providers*			
WellVision Exam	• Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$10	See frame and lenses
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 allowance at Costco 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • \$55 allowance for Progressives • Interim lens benefit if criteria is met 	Included in Prescription Glasses	Every 24 months
Lens Enhancements	<ul style="list-style-type: none"> • Tinted lenses • Average savings of 20-25% on other lens enhancements 	\$0	Every 24 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every 24 months
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam. <hr/> <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <hr/> <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam.....up to \$45	Single Vision Lenses.....up to \$30	Lined Trifocal Lenses.....up to \$65	Contacts.....up to \$105
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$50	Tints.....up to \$5

***Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit vsp.com for details.**

Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

See why we're consumers' #1 choice in vision care.

Contact us. vsp.com | 800.877.7195

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