

Vision Benefits

WellVision Exam® Thorough eye exam covered in full, after \$10 co-payment

Lenses

- Glass or plastic, single vision, lined bifocal or lined trifocal prescription lenses are covered in full, after \$25 material co-payment¹
- Cost controls on lens options, saving our members an average of 30%
- 20% off unlimited additional pairs of prescription glasses
- 20% off unlimited non-prescription sunglasses²
- Dependent children of members are eligible for covered in full polycarbonate prescription lenses

Frames

- Frames are covered in full up to the retail allowance of \$130, after \$25 material co-payment¹
- 20% off any amount exceeding allowance

Contact Lenses

- 15% off contact lens services, excluding materials
- Instead of eyeglasses, elective contact lens services and materials are covered in full up to \$150 toward any type of prescription contact lenses
- Current soft contact lens wearers may qualify for a covered in full (up to \$150) contact lens evaluation and initial supply of approved replacement lenses
- With pre-approval from VSP, medically necessary contact lenses are covered in full¹, if certain medical conditions prevent member from wearing eyeglasses

**Get Started.
It's a Breeze**

Just find a VSP doctor at vsp.com or call 800.877.7195. Make your appointment and tell them you have VSP. It's that easy! No enrollment cards will be issued.

PRE-TAX RATES PER PAY PERIOD*	
Employee only	\$4.52
Employee + Spouse	\$9.04
Employee + Child(ren)	\$9.67
Family	\$15.45

VALUE-ADDED BENEFITS

Laser VisionCare ProgramSM

VSP-contracted laser centers provide discounts for laser surgery including PRK, LASIK, and Custom LASIK. Discounts average 15% off or 5% off if the laser center is offering a promotional price. Members who've had PRK, LASIK, or Custom LASIK vision correction surgery can use their frame benefit for sunglasses, instead of a prescription pair of glasses.

Low Vision

Low vision is vision loss sufficient enough to prevent reading and performing daily activities. With pre-approval from VSP, low vision supplemental testing is covered up to \$125 every two years. VSP will pay 75% of the cost for approved low vision aids, up to the maximum of \$1,000 (less any amount paid for supplemental testing) per member every two years.

EXCLUSIONS

Plan Limitations

The following items are excluded under this plan:

- Two pairs of glasses instead of bifocals
- Replacement of lenses, frames or contacts
- Medical or surgical treatment
- Orthoptics, vision training or supplemental testing
- Plano lenses (non-prescription)

Items not covered under the contact lens coverage:

- Insurance policies or service agreements
- Artistically painted or non-prescription lenses
- Additional office visits for contact lens pathology
- Contact lens modification, polishing or cleaning
- Corneal refractive therapy or orthokeratology

¹One \$25 material co-payment applies for lenses and or frame. Discounts valid through any VSP doctor within 12 months of the last covered eye exam. 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.

²Discounts valid through any VSP doctor within 12 months of the last covered eye exam. 03/08

VSP Signature PlanSM The Signature Plan is a premier full-service plan with choice, flexibility, and maximum value through a VSP Network doctor