

# VSP Choice Plan® Proposal



The VSP Choice Plan is a full-service plan that offers low costs, a focus on health, and real provider choices.

## Guaranteed Lowest Out-of-Pocket Costs

Our Member Promise guarantees that employees are completely satisfied with their eye care 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. We guarantee your employees will have the lowest out-of-pocket costs for equivalent glasses with VSP network providers, compared to your current vision plan, if applicable. One of the ways we reduce patient out-of-pocket costs is by applying fixed copays toward popular lens enhancements. We're also covering standard progressives with no additional copay. Unlike most competing vision plans, we also offer a wholesale frame pricing guarantee allowing us to cover more frames.

## A Focus on Health - VSP Healthy Innovations

Your benefit includes VSP Healthy Innovations, a total wellness solution that leverages the power of a VSP WellVision® exam to see beyond eye health issues. Taking this holistic approach helps identify signs of chronic conditions before they become serious, saving you money and helping your employees manage their health. This year we're even more focused on helping our members with diabetes and pre-diabetes. VSP doctors are often the first to detect chronic conditions—before other healthcare providers—including diabetes 34% of the time. Members identified in our system as having diabetes receive a complimentary reminder letter from us 14 months after their last eye exam. Every year, we see an average of 22% of these members then scheduling and receiving an exam

## Real Provider Choices

Your employees can choose their provider from **94,000 access points**, including the largest national network of independent doctors and nearly 22,000 participating retail chain access points.

**VSP Doctors** - 91% offer early morning, evening and weekend appointments. 24-hour access to emergency care.

**Participating Retail Chains**<sup>1</sup> - Your employees get the convenience of popular retail chains like these and more.



## VSP Benefits subject to applicable copays<sup>2</sup>

<b>Exam Services</b>	Comprehensive WellVision Exam® covered-in-full after copay		
	Contact lens exam - fitting and evaluation (when choosing contacts): <b>Standard</b> and <b>Premium fit</b> : Covered in full with a copay. Member receives 15% off <sup>3</sup> of contact lens exam services; <sup>4</sup> member's copay will never exceed \$60		
	Routine retinal screening covered after an up to \$39 copay <sup>3</sup>		
<b>Lenses</b>	Glass or plastic:	Single vision Lined bifocal Lined trifocal Lenticular	Covered-in-full after copay Covered-in-full after copay Covered-in-full after copay Covered-in-full after copay
<b>Frame</b>	<ul style="list-style-type: none"> <li>• Frames covered-in-full after copay up to the retail allowance of \$130<sup>5</sup></li> <li>• Frame allowance is guaranteed by a \$50 wholesale allowance at VSP doctors, ensuring nearly 12,000 frames are covered-in-full</li> <li>• Members who select a featured frame brand including bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more will receive an extra \$20 toward their frame allowance.<sup>6</sup></li> <li>• 20% off<sup>3</sup> any amount above the retail frame allowance<sup>4</sup></li> <li>• Members can choose from virtually any frame on the market</li> </ul>		

*Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit*

**Lens Enhancements** The most popular lens enhancements are covered after a copay, saving members an average of 20-25%<sup>4</sup>; members should see their VSP network provider for special pricing on additional lens enhancements. Maximum copay on standard lens enhancements:

<i>Lens Enhancement</i>	<i>Single Vision</i>	<i>Multifocal</i>
Standard progressives plastic	N/A	No copay
Premium progressives plastic	N/A	\$95-105
Custom progressives plastic	N/A	\$150-175
Standard anti-reflective coating	\$41	\$41
Solid tints & dyes (pink I&II)	No copay	No copay
Solid plastic dye (except pink I&II)	\$15	\$15
Plastic gradient dye	\$17	\$17
UV protection	\$16	\$16
Factory applied scratch-resistant coating	\$17	\$17
Polycarbonate for children	No copay	No copay
Polycarbonate	\$31	\$35
Photochromic plastic	\$70	\$82

**Elective Contact Lenses (instead of lenses & frame)**

- Prescription contact lens materials covered-in-full up to \$130 retail allowance
- VSP members get exclusive mail-in savings<sup>7</sup> on eligible contacts at VSP doctors
- Members can choose from any available prescription contact lens materials

**Necessary Contact Lenses (instead of lenses & frame)**

- Covered-in-full after copay for members who have specific conditions at VSP doctors
- Covered up to \$210 after copay for members who have specific conditions at participating retail chains

**Additional Pairs of Glasses<sup>8</sup>** 20% off<sup>3</sup> unlimited additional pairs of prescription glasses and/or non-prescription sunglasses<sup>4</sup>

**Primary EyeCare Program<sup>SM</sup>** Supplemental coverage for non-surgical medical eye conditions, such as pink eye and other urgent eye care - \$20 copay<sup>9</sup> per visit at VSP doctors

**Laser VisionCare Program<sup>SM</sup>** Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, and Custom LASIK<sup>10</sup> through VSP doctors

**Low Vision** Supplemental testing covered every two years. 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years at VSP doctors

**Eye Health Management Program<sup>®</sup>** Exam reminder letters sent to VSP members with diabetes who have not had an eye exam in 14 months

### Out-of-Network Benefits subject to applicable copays<sup>2</sup>

Exam Lenses:	Reimbursed up to \$45	Frame	Reimbursed up to \$70
Single vision	Reimbursed up to \$30	Contact lens exam & materials	
Lined bifocal	Reimbursed up to \$50	(in lieu of lenses & frame):	
Lined trifocal	Reimbursed up to \$65	Elective	Reimbursed up to \$105 <sup>11</sup>
Lenticular	Reimbursed up to \$100	Necessary	Reimbursed up to \$210

**Exclusions<sup>12</sup>** There may be some materials and services with either limited or no coverage under this plan. Please contact your VSP representative for more information.

<sup>1</sup> Participating retail chains upon request. Benefits may vary at participating retail chain locations.

<sup>2</sup> 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 product availability and the same copays and limitations. Please refer to rate page.

<sup>3</sup> Based on applicable laws, benefits may vary by location.

<sup>4</sup> Walmart and Costco published prices already include discounts instead of those noted.

<sup>5</sup> Walmart and Costco allowance of \$70 is equivalent to the frame allowance at other VSP network providers.

<sup>6</sup> Reflects current promotion, evaluated annually. Promotion/featured frame brands are subject to change and the promotional allowance does not apply at Walmart and Costco. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

<sup>7</sup> Rebates subject to change.

<sup>8</sup> 20% off applies to unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam.

<sup>9</sup> The VSP Primary EyeCare Plan pays secondary to other medical eye insurance coverage.

<sup>10</sup> 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. Laser VisionCare discounts are only available from VSP-contracted facilities.

<sup>11</sup> If \$100 allowance is purchased, out-of-network providers will reimburse up to \$85.

<sup>12</sup> Coverage shall be governed solely by the terms of your VSP contract

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## Personalize your plan

Make your eyecare plan unique by adding covered-in-full lens enhancements. Nearly any lens enhancement can be added for an additional cost. Here are a few of the most popular:

- **Progressive Lenses:** Unlike traditional bifocal and trifocal lenses that have lines, progressive lenses are line-free. Also the power gradually changes with distance.
- **Scratch-Resistant Coating:** Scratch-resistant coatings can be applied to plastic lenses to increase their resistance to normal scratching and pitting. The result? Longer lasting, clearer lenses.
- **Anti-Reflective Coating:** Anti-reflective (AR) coatings reduce “ghost” images, glare from lights at night, light reflecting off of the backside of a lens, and eyestrain caused by overhead lighting.
- **Tints and Dyes:** Color tints and dyes are not only fashionable, they also reduce the amount of light coming through the lenses.
- **Photochromics:** Photochromic lenses automatically darken when exposed to sunlight and lighten when out of sunlight.

## Add more choice and value to your plan

Give your employees more buying power. Upgrade your materials allowances for an additional minimal cost.

- **Frame Allowance Upgrade:** Increase the \$130 retail frame allowance to \$140, \$150, \$180, \$200, \$225 or \$250.
- **Contact Lens Allowance Upgrade:** Increase the \$130 contact lens allowance to \$140, \$150, \$180, \$200, \$225 or \$250.

## Exclusions and Limitations

This plan is designed to cover visual needs rather than cosmetic materials.

- Services and/or materials not indicated on this schedule as covered plan benefits.
- Plano lenses (lenses with refractive correction of less than  $\pm .50$  diopter), except for sunglass offering(s) as detailed above.
- Two pair of glasses instead of bifocals.
- Replacement of lenses and frames furnished under this plan which are lost or broken, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available.
- Contact lens insurance policies or service agreements.
- Refitting of contact lenses after the initial (90-day) fitting period.
- Additional office visits associated with contact lens pathology.
- Contact lens modification, polishing, or cleaning.
- Services associated with CRT or Orthokeratology.

## Exclusive Member Extras

We put our members first by providing Exclusive Member Extras from VSP and leading industry brands, totaling more than \$2,500 in savings. Check out a sample below.

### Contacts

- Exclusive mail-in savings on eligible contacts
- Savings on EyePromise EZ Tears dry eye and contact lens comfort formula

### Glasses

- Up to 50% savings on UNITY® digital lenses\*
- Up to 40% savings on sunsync™ light-reactive lenses\*
- Average savings of \$325 on Nike-authorized prescription sunglasses\*
- Extra \$20 to spend on featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more\*

### LASIK

- Up to \$500 savings on LASIK

### More Offers

- Free shipping, shop-at-home convenience, and savings on contacts and sunglasses at eyeconic.com
- Access to special financing for vision and health care expenses with the CareCredit credit card

### Hearing Aids

- Savings of up to 60% on a pair of digital hearing aids and savings on batteries for you and your extended family members through TruHearing®\*\*

Offers are updated frequently. Your employees can learn more about these and other offers at [vsp.com/specialoffers](https://vsp.com/specialoffers).

\* Reflects current promotion, evaluated annually. Promotion/featured frame brands are subject to change. Available only to VSP members with applicable plan benefits. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

\*\* Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network providers to VSP members with applicable plan benefits. Savings compared to national average retail prices on state-of-the-art digital hearing aids; offer not available in WA.

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