

VSP Exam Plus Plan[®] Proposa

The VSP Exam Plus Plan includes a WellVision[®] Exam and discounts on quality prescription eyewear.



Benefit	VSP Network subject to applicable copays ¹	Out-of-Network subject to applicable copays ¹
WellVision Exam	Covered-in-full after copay every 12 months	Reimbursed up to \$50
Lenses and Frames	20% off ² on complete pairs of prescription and non-prescription glasses, including sunglasses ³	Not applicable
Contact Lens Services	15% off ² on professional services	Not applicable

Benefit	Benefit Highlights
Primary EyeCare PlanSM	Supplemental coverage for non-surgical medical eye conditions, such as pink eye and other urgent eye care - \$20 copay per visit
Laser VisionCare Program	15% average discount or 5% off promotional price for PRK, LASIK, and Custom LASIK ⁴
Exclusions and Limitations⁵	There may be some materials and services with either limited or no coverage under this plan Please contact your VSP representative for more information

¹ 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 obtained through out-of-network providers are subject to the same copay and limitations. Please refer to rate page.

² Based on applicable laws, benefits may vary by location.

³ 20% off unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam.

⁴ 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. LaserVision Care discounts are only available from VSP-contracted facilities.

⁵ Coverage shall be governed solely by the terms of your VSP contract.

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

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.

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