

## VSP 2-9 Employee Program

Clients with 2-9 employees can enjoy affordable eyecare through the VSP 2-9 Employee Program under a two-year contract. Plus, we provide the online tools you need to help you easily administer your plan.

## Convenient Online Eligibility Management and Billing

The VSP 2-9 Employee Program requires the use of our online Eligibility Management and Billing tools. Manage membership, view bills, and make payments on the Clients & Benefit Managers Resource Center at [vsp.com](http://vsp.com), day or night, 365 days a year.

- *Eligibility Management:* Quickly add, edit, or terminate eligibility for single or multiple employees using our online eligibility management tool.
- *Billing:* Instead of a paper bill, we'll notify you when your bill is ready to view and pay online. Or you can make billing even simpler by setting up automatic payments.

## Contribution Options

Here are the options for you to structure your plan contribution levels.

Employer-Paid Options for Signature Plan

- *Option 1:* Employer contributes 100% for employees and dependents.
- *Option 2:* Employee contributes some level of premium. VSP is packaged with medical or dental coverage on a joint enrollment basis and you determine your employees' contribution level(s).

Please refer to the rate page for additional participation guidelines.

## Personalize Your Plan

Make your eyecare plan unique by adding covered-in-full lens enhancements. 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.

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

- *Frame Allowance Upgrade:* Increase the standard \$130 retail frame allowance to \$140 or \$150.
- *Contact Lens Allowance Upgrade:* Increase the standard \$130 contact lens allowance to \$140 or \$150.

## Why VSP Vision Care?

Did you know that only about 20% of Americans receive annual physicals each year, while up to 60% of Americans with vision care receive an annual eye exam? Eyecare is about more than just getting glasses or contacts. Eye exams can catch early warning signs of serious health conditions, like diabetes, high blood pressure, and high cholesterol. In fact, your eyes are the only places on your body that provide a clear view of your blood vessels. This can tell a lot about your overall health and allow for early treatment of symptoms before costly complications arise. A study conducted by Human Capital Management Services found that for every \$1 invested in a VSP eye exam, clients can expect on average, a four-year total return on investment of \$1.45 in avoided medical costs and improved employee productivity.

## VSP Signature Plan® Proposal

The VSP Signature Plan includes a WellVision® Exam and quality prescription eyewear.

BENEFIT	VSP NETWORK PROVIDER <sup>1</sup>	OUT-OF-NETWORK PROVIDER <sup>1</sup>
WellVision Exam	Covered-in-full after copay	Reimbursed up to \$ 50
Contact Lens Exam – Fitting and Evaluation (when choosing contacts)	<b>Standard</b> and <b>premium fit</b> : covered-in-full after copay – 15% off contact lens exam services <sup>2</sup> ; copay will never exceed \$60	See elective contact lenses
Single Vision Lenses	Covered-in-full after copay	Reimbursed up to \$ 50
Lined Bifocal Lenses	Covered-in-full after copay	Reimbursed up to \$ 75
Lined Trifocal Lenses	Covered-in-full after copay	Reimbursed up to \$100
Lenticular Lenses	Covered-in-full after copay	Reimbursed up to \$125
Frame	Covered-in-full after copay up to \$130 allowance (\$50 wholesale) 20% off any amount exceeding retail allowance <sup>2</sup> Members selecting featured frame brands including Ann Klein, bebe®, ck Calvin Klein, Flexon, Lacoste, Nike, Nine West, and more will receive an extra \$20 toward their frame allowance. <sup>3</sup>	Reimbursed up to \$ 70
Elective Contact Lenses	Covered up to \$130 (instead of lenses and frames) Mail-in rebate savings <sup>4</sup> on eligible Bausch & Lomb contacts	Reimbursed up to \$105 (includes contact lens exam and materials)
Necessary Contact Lenses <sup>5</sup>	Covered-in-full after copay (instead of lenses and frames)	Reimbursed up to \$210

BENEFIT	BENEFIT HIGHLIGHTS
	Covered after a copay – the following are some of our most popular enhancements:
	Standard Progressives Plastic \$50 copay
	Premium Progressives Plastic \$80-90 copay
	Custom Progressives Plastic \$120-160 copay
	Solid Tints & Dyes (Pink I&II) Covered-in-full
	Solid Plastic Dye (except Pink I & II) \$13 copay
Lens Enhancements	Plastic Gradient Dye \$15 copay
	UV Protection \$14 copay
	Factory Applied Scratch-resistant Coating \$15 copay
	Polycarbonate Lenses Covered-in-full for dependent children \$23 single vision or \$28 multi-focal copay
	Standard Anti-reflective Coating \$37 copay
	Photochromic Lenses Plastic \$62 single vision or \$76 multi-focal copay
Primary EyeCare Plan <sup>SM</sup>	Supplemental medical coverage for specialty eyecare services and conditions \$20 copay per visit
Low Vision	Supplemental testing covered every two years 75% of the cost for approved low vision aids, \$1,000 maximum (less any amount paid for testing)
Additional Glasses	30% off <sup>2</sup> unlimited additional complete pairs of prescription and non-prescription glasses (includes sunglasses) <sup>6</sup>
Laser VisionCare Program	15% average discount or 5% off promotional price for PRK, LASIK, and Custom LASIK <sup>7</sup> Members who've had LVC surgery can use their frame benefit for non-prescription sunglasses
Retinal Screening	Guaranteed pricing on a routine retinal screening – \$39 maximum <sup>2</sup>
Exclusions and Limitations <sup>8</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> 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 the same copayments and limitations. Please refer to rate page.

<sup>2</sup> Based on applicable laws, benefits may vary by location.

<sup>3</sup> Featured frame brands are subject to change.

<sup>4</sup> Rebates subject to change.

<sup>5</sup> Necessary contact lenses and fitting and evaluation are covered-in-full for members who have specific conditions for which contact lenses provide better visual correction.

<sup>6</sup> 30% off applies to glasses purchased the same day as the member's eye exam from the same VSP network provider who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam.

<sup>7</sup> LaserVision Care discounts are only available from VSP-contracted facilities. 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.

<sup>8</sup> Coverage shall be governed solely by the terms of your VSP contract.