



The VSP Choice Plan is a premier full-service plan that offers choice, flexibility, and maximum value through a VSP Choice Provider.

Providers Choices

VSP Choice Preferred Providers

- 41,000 access points nationwide. VSP doctors are located in retail, neighborhood, medical and professional settings.

Other Providers

- We also have a direct pay or assignment of benefits arrangement with Walmart[®] Vision Center and Sam's Club[®] Optical Center.
- Your employees have the freedom to choose any provider, national retailer, or local retail chain.

Benefits through a VSP Choice Preferred Provider

Exam Services

Comprehensive WellVision Exam[®] covered-in-full¹

Contact lens exam (fitting and evaluation):

- Standard fit: Covered in full after copay. Member receives 15% off of contact lens exam services; member's copay will never exceed \$60
- Premium fit: Covered in full after copay. Member receives 15% off of contact lens exam services; member's copay will never exceed \$60

Lenses

Glass or plastic:	Single vision	Covered-in-full ¹
	Lined bifocal	Covered-in-full ¹
	Lined trifocal	Covered-in-full ¹
	Lenticular	Covered-in-full ¹

Lens Options

The most popular lens options are covered-in-full with a copay, saving our members an average of 20-25%. Maximum copay on standard lens options:

<i>Patient Option</i>	<i>Single Vision</i>	<i>Multifocal</i>
Anti-reflective coating	\$43	\$43
Polycarbonate for children	No copay	No copay
Polycarbonate	\$33	\$37
Progressive	N/A	\$55
Photochromic	\$70	\$82
Scratch-resistant coating	\$17	\$17

Frame

- Frames covered-in-full¹ up to the retail allowance of \$130
- Frame allowances backed by a wholesale allowance guarantee, ensuring over 13,000 frames are covered-in-full
- 20% off any amount above the retail allowance
- Members can choose from virtually any frame on the market

Elective Contact Lenses

- Prescription contact lens materials covered-in-full up to the retail allowance of \$130 (in lieu of frame & lenses)
- VSP members get exclusive mail-in rebate savings² up to \$110 on eligible Bausch + Lomb contacts and up to \$125 on eligible ACUVUE Brand Contact Lenses
- Members can choose from any available prescription contact lens materials

Necessary Contact Lenses

Covered-in-full¹ for members who have specific conditions

Additional Pairs of Glasses

20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses³

Laser VisionCare Program

Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, and Custom LASIK⁴



Primary EyeCare Plansm	Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs
Eye Health Management Program[®]	<ul style="list-style-type: none">• VSP collects HIPAA-compliant patient condition data and shares it with your health plan or disease management vendor• ICD-9 code-based reporting of certain chronic conditions supports your disease management efforts• Exam reminder letters sent to VSP members with certain conditions who have not had an eye exam in 14 months

Exclusions

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

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

1 Less any applicable copay.

2 Rebates subject to change.

3 20% off unlimited additional pairs of glasses valid through any VSP Preferred 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.