



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

Provider Choices

VSP Preferred Providers

- VSP has 44,000 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
- Members have the freedom to choose any provider, national retailer, or local retail chain.

Benefits through a VSP Preferred Provider

Exam Services

Comprehensive WellVision Exam[®] covered-in-full¹

Routine retinal screening guaranteed pricing, not to exceed \$39

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 35-40%. Maximum copay on standard lens options:

<i>Patient Option</i>	<i>Single Vision</i>	<i>Multifocal</i>
Anti-reflective coating	\$39	\$39
Polycarbonate for children	No copay	No copay
Polycarbonate	\$25	\$30
Progressive	N/A	\$50
Photochromic	\$62	\$76
Scratch-resistant coating	\$15	\$15

Frame

- Frames covered-in-full¹ up to the retail allowance of \$130
- Frame allowance is 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

Sunglasses

Members who've had laser surgery can use frame benefit for non-prescription sunglasses

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

30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses³



Laser VisionCare ProgramSM	Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, and Custom Lasik ⁴
Primary Eyecare ProgramSM	Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs
Low Vision	<ul style="list-style-type: none">• Pre-approved 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
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

³ Rebates subject to change

³ 30% discount applies to glasses purchased the same day as the member's eye exam from the same VSP provider who provided the exam. Members also receive

20% off unlimited additional pairs of glasses valid through any VSP 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. Laser VisionCare discounts are only available from VSP-contracted facilities