

## Vision Benefits

Plan provision	VSP Premier	VSP Base
Eye exam	<ul style="list-style-type: none"> <li>• 100% covered</li> <li>• Every calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• \$10 copay</li> <li>• Every calendar year</li> </ul>
Prescription glasses frames	<ul style="list-style-type: none"> <li>• \$0 copay</li> <li>• Every calendar year</li> <li>• \$180 allowance for a wide selection of frames</li> <li>• \$200 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$100 Costco® frame allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$20 copay for frames and prescription lenses</li> <li>• Every other calendar year</li> <li>• \$150 allowance for a wide selection of frames</li> <li>• \$170 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$80 Costco® frame allowance</li> </ul>
Prescription glasses lenses	<ul style="list-style-type: none"> <li>• 100% covered</li> <li>• Every calendar year</li> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> </ul>	<ul style="list-style-type: none"> <li>• \$20 copay for frames and prescription lenses</li> <li>• Every calendar year</li> <li>• Includes single vision, lined bifocal, and lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> </ul>

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<b>Lens enhancements</b>	<ul style="list-style-type: none"> <li>• 100% covered</li> <li>• Every calendar year</li> <li>• Progressive lenses</li> <li>• Anti-reflective coating</li> <li>• Average savings of 20-25% on other lens enhancements</li> </ul>	<ul style="list-style-type: none"> <li>• Every calendar year</li> <li>• Standard progressive lenses: \$0</li> <li>• Premium progressive lenses: \$95 -\$105</li> <li>• Custom progressive lenses: \$150 -\$175</li> <li>• Average savings of 20%-25% other lens enhancements</li> </ul>
<b>Contact lenses instead of glasses</b>	<ul style="list-style-type: none"> <li>• Up to \$60 copay</li> <li>• Every calendar year</li> <li>• \$180 allowance for contacts; copay doesn't apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$60 copay</li> <li>• Every calendar year</li> <li>• \$150 allowance for contacts; copay doesn't apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>

# Other programs and discounts

Benefit	Coverage
Diabetic eyecare	<ul style="list-style-type: none"><li>• \$20 copay as needed</li><li>• Services related to diabetic eye disease, glaucoma, and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li></ul>
Glasses and sunglasses savings	<ul style="list-style-type: none"><li>• Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li><li>• 20% savings on additional glasses and sunglasses, including lens enhancements from any VSP provider within 12 months of your last WellVision Exam</li></ul>
Retinal screening	<ul style="list-style-type: none"><li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>
Laser vision correction	<ul style="list-style-type: none"><li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li></ul>