

## Vision Benefits

Plan Provision	VSP Premier Plan	VSP Base Plan
Eye exam	100% covered; Every calendar year	\$10 copay; Every calendar year
<b>Prescription Glasses</b>		
Frames	<ul style="list-style-type: none"> <li>• \$0 copay; 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>

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Lenses	<ul style="list-style-type: none"> <li>• 100% covered; 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>
Lens Enhancements	<ul style="list-style-type: none"> <li>• 100% covered; 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>

**Contact Lenses**

Instead of glasses	<ul style="list-style-type: none"> <li>• Up to \$60 copay; Every calendar year</li> <li>• \$180 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$60 copay; Every calendar year</li> <li>• \$150 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>
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## Other Programs and Discounts

### Diabetic Eyecare Plus Program

- \$20 copay as needed
- 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.

### Extra Savings

#### • Glasses and Sunglasses

- Extra \$20 to spend on featured frame brands. Go to [vsp.com/offers](http://vsp.com/offers) for details
- 20% savings on additional glasses and sunglasses, including lens enhancements from any VSP provider within 12 months of your last WellVision Exam

#### • Retinal Screening

- No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

#### • Laser Vision Correction

- Average 15% off the regular price of 5% off the promotional price; discounts only available from contracted facilities