



The Plan Details: VSP Signature Plan

BENEFIT	VSP NETWORK DOCTOR*	NON-VSP PROVIDER	
WellVision [®] Exam	Covered in full	Reimbursed up to	\$35.00
Single Vision Lenses	Covered in full	Reimbursed up to	\$25.00
Bifocal Lenses	Covered in full	Reimbursed up to	\$40.00
Trifocal Lenses	Covered in full	Reimbursed up to	\$55.00
Lenticular Lenses	Covered in full	Reimbursed up to	\$80.00
Frame	Covered up to \$120.00 allowance (\$46.00 wholesale)	Reimbursed up to	\$45.00
Contact Lens Services and Materials:			
Elective (instead of glasses)	Covered up to \$120.00 (includes contact lens services and materials)	Reimbursed up to	\$105.00
Necessary	Covered in full	Reimbursed up to	\$210.00

*When covered in full services are obtained from a VSP Network doctor, the patient will have no out-of-pocket expense other than any applicable copays.

The Plan Highlights: Signature Plan

Benefit	Benefit Highlights
WellVision Exam	Thorough eye exams can detect symptoms of serious eye conditions and health conditions, like diabetes and high cholesterol.
Lenses	In addition to covered in full glass or plastic lenses, VSP Network doctors provide cost controls on lens options, saving our members an average of 30% off their normal fees. Members also receive a 20% discount on additional pairs of prescription and non-prescription glasses, including sunglasses. Plus, dependent children of members are eligible for covered in full polycarbonate lenses.
Frames	To ensure our members get the best value, our retail frame allowances are backed by a guaranteed wholesale allowance. This means the member receives the same value no matter which VSP Network doctor they visit. Members also receive 20% off any amount exceeding their allowance.
Contact Lenses	VSP Network doctors provide a 15% discount off their contact lens services. Plus, current soft contact lens wearers may qualify for a covered in full contact lens evaluation and initial supply of approved replacement lenses, when provided by a VSP Network doctor. With pre-approval from VSP, medically necessary contact lenses are covered in full from a VSP Network doctor.
	VSP contracted laser centers provide discounts for laser surgery, including PRK, LASIK and Custom LASIK.* Discounts average 15% off or 5% off if the laser center is offering a promotional price.

Laser VisionCare ProgramSM	Plus, members who've had PRK, LASIK or Custom LASIK vision correction surgery can use their covered in full benefit for sunglasses, instead of a prescription pair of glasses.
Low Vision	Low vision is vision loss sufficient enough to prevent reading and performing daily activities. With pre-approval from VSP, low vision supplemental testing is covered every 2 years. VSP will pay 75% of the cost for approved low vision aids, up to the maximum of \$1,000 (less any amount paid for supplemental testing) per member every 2 years.
Primary EyeCare	VSP network doctors provide supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs. Members can see their VSP doctor without a referral, as often as needed. A \$5.00 copay applies for each visit.
Exclusions and Limitations	There may be some materials and services with either limited or no coverage under this plan. Please contact your VSP representative for more information.

* 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.

The Plan Rates: VSP Signature Plan

Copays	Service & Frequency
\$10 Copay	Full Exam, one every 12 months
\$25 Copay for Materials, including:	Lenses, Every 12 Months
	Frames, Every 24 Months

*The first copay applies to the eye examination and the second copay applies to materials.

Monthly Payroll Deductions:

Employee Only	\$8.40
Employee + Family	\$18.06