

# VISION / VSP Vision Care

## VSP Provider Network: VSP Choice Extended Plan



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>WELLVISION EXAM®</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> </ul>	\$0 Up to \$39	Every 12 months
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>	\$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>		\$15	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$195 frame allowance</li> <li>\$215 Featured Frame Brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$95 Walmart/Sam's Club/Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Anti-glare coating</li> <li>Scratch-resistant coating</li> <li>UV protection</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$0 \$0 \$0 \$95 – \$105 \$150 – \$175	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$155 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>ADDITIONAL PAIR OF EYEWEAR</b>	<b>Frame</b> <ul style="list-style-type: none"> <li>\$195 frame allowance or \$215 Featured Frame Brands allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	\$20 for frame and lenses	Every 24 months for frame
	<b>Lenses</b> <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children and standard progressive lenses are covered-in-full</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	Combined with frame	Every 12 months for lenses
	<b>Contacts (instead of glasses)</b> <ul style="list-style-type: none"> <li>\$155 allowance for additional contacts</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months for contacts
<b>COMPUTER VISIONCARE<sup>SM</sup> (EMPLOYEE-ONLY COVERAGE)</b>	<ul style="list-style-type: none"> <li><b>Exam:</b> Evaluates your needs related to prescription glasses for computer use</li> <li><b>Frame and Lenses:</b> \$100 frame allowance or \$120 Featured Frame Brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>Single vision, lined bifocal, lined trifocal lenses, and occupational lenses</li> <li>Scratch-resistant coating is covered-in-full</li> </ul>	\$10	Every 12 months
<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>		

