

# Plan Details

## WELLVISION®

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**Frequency:** One eye exam every 12 months beginning with effective date.  
**Copay:** \$15.00  
**Coverage:** Your WellVision Exam is fully covered.  
**Additional Information:** A WellVision Exam is something only a VSP doctor can offer. Through this comprehensive eye exam, our doctors will look for vision problems and signs of other health conditions, too.

## PRESCRIPTION LENSES

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**Frequency:** New lenses every 12 months beginning with effective date.  
**Copay:** \$25.00 for lenses and/or frame.  
**Coverage:** Single vision, lined bifocal, and lined trifocal lenses are fully covered. Based on your lens type (single vision/lined multifocal), you should expect to pay no more than the following copays:

<i>Product</i>	<i>Copay</i>
<b>STANDARD PROGRESSIVE LENSES</b>	\$55.00
<b>PREMIUM PROGRESSIVE LENSES</b>	\$95.00–\$105.00
<b>CUSTOM PROGRESSIVE LENSES</b>	\$150.00–\$175.00
<b>ANTI-REFLECTIVE COATINGS</b>	\$41.00–\$85.00
<b>PHOTOCHROMIC LENSES (TRANSITIONS®)</b>	\$70.00–\$82.00
<b>POLYCARBONATE LENSES</b>	\$31.00–\$35.00
<b>SCRATCH-RESISTANT COATING</b>	\$17.00–\$33.00
<b>TINTED (COLORED) LENSES</b>	\$15.00–\$17.00
<b>UV PROTECTION</b>	\$16.00

Your plan provides an average 20% savings on the following lens options:

**EDGE POLISH**  
**HIGH INDEX LENSES**  
**POLARIZED LENSES**

## FRAMES

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**Frequency:** New frame every 12 months beginning with effective date.  
**Copay:** \$25.00 for lenses and/or frame.  
**Coverage:** \$150.00 allowance for a wide selection of frames. Plus 20% off any amount over allowance. Some frames may be covered at a reduced benefit. Ask your VSP doctor for details.  
**Additional Information:** 20% off additional glasses and sunglasses from any VSP doctor within 12 months of your eye exam.

## CONTACTS INSTEAD OF GLASSES

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**Frequency:** Contacts every 12 months beginning with effective date.  
**Copay:** None.  
**Coverage:** \$150.00 allowance toward cost of contact lenses instead of glasses.

## CONTACT LENS EXAM

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**Frequency:** One contact lens exam every 12 months beginning with effective date.  
**Copay:** None.  
**Coverage:** Fitting and evaluation fully covered.  
**Additional Information:** 15% off your contact lens exam. During your contact lens exam, your VSP doctor ensures your contacts fit properly and tests your vision. This exam is in addition to your WellVision Exam.

## LASER VISIONCARE<sup>SM</sup>

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**Coverage:** Laser correction surgery at a reduced price only from VSP-approved laser surgeons and centers. Discount on preoperative and postoperative care. Average 15% off the regular price or 5% off the promotional price from participating facilities—which could add up to hundreds of dollars in savings. To evaluate whether laser surgery is right for you, locate a VSP Laser Vision-Care doctor by calling us at **800.785.0699**.

## DOCTOR NETWORK

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**Network:** Plan uses the VSP Choice Network, which has more than 30,000 doctor locations. The doctor finder will help you locate conveniently located doctors.

## CONTRACT TERM

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**Duration:** Enrollment in this plan constitutes a 12-month contract from the time of your effective date.  
**Payment:** You are responsible for the full annual premium, whether paid in a lump sum or broken into monthly payments.