



# Vision Benefits Summary

## Open Access Signature Plan C, \$10 copay

The VSP Signature Plan is a premier full-service plan that offers choice, flexibility, and maximum value through a VSP Network Provider.

### Your Coverage with a VSP Network Doctor:

**WellVision Exam®** focuses on your eye health and overall wellness - ..... **every 12 months**

#### Prescription Glasses

**Lenses**..... **every 12 months**

- Single vision, lined bifocal and lined trifocal lenses. • Polycarbonate lenses for dependent children

**Frame**..... **every 12 months**

- \$175 allowance for frame of your choice. • 20% savings on the amount over your allowance

~OR~

**Contact Lens Care - \$60 copay applies to the fitting and evaluation**..... **every 12 months**

- \$175 Materials allowance • Medically necessary covered in full

**Lightcare Enhancement**..... **every 12 months**

*With VSP LightCare, members now have the flexibility to use their existing frame allowance for ready-to-wear, non-prescription blue-light filtering glasses or non-prescription sunglasses (instead of prescription eyewear).*

**Low Vision Benefits and VSP Diabetic Eyecare Program<sup>SM</sup> are also included.**

### Extra Discounts and Savings:

#### Glasses and Sunglasses

- Average 35% - 40% savings on all non-covered lens enhancements

Lens Enhancement	Single Vision	Multifocal
Anti-reflective coating	\$37	\$37
Polycarbonate	\$23	\$28
Progressive	N/A	\$0
Photochromic	\$62	\$76
Scratch –resistant coating	\$15	\$15

*Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost.*

- 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP network doctor on the same day as your WellVision Exam. Or get 20% savings from any VSP network doctor within 12 months of your last WellVision Exam

#### Contacts

- 15% savings on the cost of contact lens exam (fitting and evaluation)

#### Laser Vision Correction

We have negotiated special pricing with participating centers, which can add up to hundreds of dollars in savings for VSP members. Visit [vsp.com](http://vsp.com) for more details.

### Out-of-network Benefits

While 95% of our members choose a VSP network doctor to maximize their benefits, you can choose to see an out-of-network provider, including national or local retail chains. However, your coverage with out-of-network providers is less than when you see a VSP network doctor. If you decide to see an out-of-network provider, review your benefits at [vsp.com](http://vsp.com). You may also use an affiliate provider at Costco®. Costco® is considered an out-of-network provider. Though services will be reimbursed at the "Open Access Reimbursement Schedule (below). Costco can submit claims on your behalf directly to VSP.

#### Open Access Reimbursement Schedule:

Single-vision lenses \$50.00	Bifocal lenses \$75.00	Trifocal lenses \$100.00
Lenticular lenses \$125.00	Progressive lenses \$75.00	Frame \$70.00 Costco® \$95
Contact Lenses: \$105.00	Necessary Contact lenses \$210.00	Exam \$50.00

Visit [vsp.com](http://vsp.com) to find a VSP network doctor, for details on your vision benefit and for exclusive member-only savings