

# Quick Reference to VSP Plans

This is a sample of VSP plans. Contact your VSP representative for customizable options and other available plans.

	<b>Signature<sup>SM</sup></b> Premier Coverage	<b>Signature Choice<sup>®</sup></b> Full Coverage	<b>Exam Plus</b> Basic Exam Coverage
Doctor Network	Largest VSP Network	VSP Choice Network	Largest VSP Network
Employer-Paid Plan Option • Minimum of 10 enrolled employees • Rates based on the number enrolled	✓	✓	✓
Voluntary Plan Option • Minimum of 10 enrolled employees • Rates based on the number enrolled	✓	✓	
Choice of Copays	✓	✓	✓
Annual Eye Exam	Covered in full	Covered in full	Covered in full
Lens/Frame Frequency Options	✓	✓	
Basic Lenses	Covered in full	Covered in full	20% off
Contact Lenses	15% off contact lens services and \$130 allowance instead of glasses	15% off contact lens services and \$130 allowance instead of glasses	15% off contact lens services
Frames	\$130 retail allowance*; 20% off amount over the allowance	\$130 retail allowance*; 20% off amount over the allowance	20% off*
Discounts on additional pairs of glasses	20% off	20% off	20% off
Discounts on non-covered lenses and lens options	Cost-controlled pricing averaging 30% or more	20% off	20% off
Primary EyeCare Supplemental coverage for medical eye conditions, such as pink eye, by a VSP doctor; no referral necessary	✓	✓	✓
LASIK, Custom LASIK** and PRK	Average of 15% off or 5% off promotional offer	Average of 15% off or 5% off promotional offer	Average of 15% off or 5% off promotional offer
Low Vision For people with extremely limited vision not fully correctable by glasses or contacts	Exam and allowance for low vision aids every two years	Exam and allowance for low vision aids every two years	

\* These are standard coverage options. Most can be customized to meet your needs.

\*\* Using wavefront technology with the microkeratome surgical only.

Other LASIK procedures may be performed at an additional cost to the member.

# Available Supplemental Benefits

Plan Enhancements	Signature <sup>SM</sup> Premier Coverage	Signature Choice <sup>®</sup> Full Coverage	Exam Plus Basic Exam Coverage
<b>Covered Contacts</b> Covers contact lens services and an annual supply of contacts in addition to glasses.	✓	✓	
<b>Second Pair</b> Covers a second pair of glasses or an allowance for contact lenses.	✓	✓	
<b>Vision Therapy</b> Covers patients with specific visual dysfunctions, such as turned eye or lazy eye.	✓	✓	✓
<b>Specialty Care Plans</b>			
<b>Safety EyeCare Plan</b> Provides glasses that meet ANSI standards for impact protection. Includes exam, prescription lenses and an allowance for safety frames.	✓		
<b>Computer VisionCare Plan</b> Helps detect eye health and vision issues attributed to regular computer use. Includes exam, prescription glasses and patient education.	✓	✓	

## Small Business Program

This special program is available to clients who have:

- A minimum of 10 and maximum of 25 total employees,
- VSP Signature Plan pooled benefits. Current clients may qualify at their next policy renewal date.

## Exam Core, Voluntary Materials Plan

Exam covered-in-full by employer with a voluntary employee-paid materials buy-up option.

## 2-9 Employee Program

VSP now has a program for clients with two-nine employees. Completely administered online, this premier full-service plan offers clients choice, flexibility, and maximum value through a VSP Network doctor.

Contact your VSP representative for more information on VSP plans.