

## VISION SERVICE PLAN (VSP) SIGNATURE PLAN

### Benefit Summary 2019–2020

Services	Benefits
<b>Eligibility</b>	Spouse/domestic partner, and dependent children to age 26.
<b>Benefits Renew</b>	January 1 of each year or every other year depending on the plan frequency.
<b>Standard Lenses</b>	Covered in full up to 60mm.
<b>Progressive Lenses</b>	See Patient Options below
<b>Diabetic Eyecare Plus Program</b>	Supplemental Eyecare for patients with Type I and II diabetes. See your vision provider for extended services beyond the initial eye exam. \$20 co-pay per visit.
<b>Laser Vision Care (Lasik)</b>	Benefits provided at a discount through VSP approved center. Visit <a href="http://www.vsp.com">www.vsp.com</a> or contact VSP's Customer Service for additional information. <b>NOTE:</b> Your health plan does not provide benefits for eye surgery solely for the purpose of correcting refractive defects of the eye.
<b>Polycarbonate Lenses</b>	Covered for dependent children up to age 18
<b>Sunglasses</b>	See Value-Added Discounts below
<b>Tinted Lenses</b>	See Patient Options below
<b>Photochromic Lenses (transition)</b>	Covered up to schedule of allowances under Plan C only
<b>Elective Contact Lenses (in lieu of frames and lenses)</b>	\$150 paid towards the cost of the contact fitting and evaluation and contact lenses when a member doctor is used.
<b>Medically Necessary Contact Lenses</b>	Covered in full with pre-certification (applies to certain medical conditions).
<b>Warranty</b>	No specified warranty. If the member is unsatisfied with the services rendered, please contact VSP's Customer Service Department at 1-800-877-7195.
<b>Choice of Frames</b>	You will receive a \$150 allowance toward any frame of your choice plus 20% off any amount over the allowance.
<b>Provider Network</b>	VSP Signature network includes independent contracted providers nationwide. Member's may also choose to go outside of the network and use the out of network reimbursement. To find a provider, visit <a href="http://www.vsp.com">www.vsp.com</a> and register or search as a guest.
<b>Participating Retail Locations</b>	Participating Retail Locations includes Costco, Visionworks and RxOptical. To find Participating Retail Locations visit <a href="http://www.vsp.com">www.vsp.com</a> or call VSP customer service at 1-800-877-7195.
<b>Value-Added Discounts</b>	30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses, including lens options (same day as the members eye exam and from the same doctor). Or get 20% off unlimited additional pairs of glasses 12 months from the covered eye exam with any VSP doctor.

### Patient Options

Patients who choose to purchase lens options may do so with a **35–40% savings on all non covered lens options**. The patient should check with a VSP participating doctor to verify whether items are covered or are considered options. Examples of options patients may choose include:

- Progressive lenses
- Blended (seamless) bifocals
- Contact lenses (except as noted)
- Oversize lenses (61mm or greater)
- Tinted lenses
- Fashion and gradient tinting
- Scratch coating
- Laminating of lenses
- A frame that costs more than the plan allowance
- Cosmetic lenses
- Ultra-violet coating
- Polycarbonate lenses for adults age 18 and older

These cosmetic options are not covered in full by VSP; however, due to our agreements with VSP participating doctors and laboratories, these services are provided at a controlled cost, available only to VSP subscribers.