

# 2015 Vision Service Plan Coverage Summary

Benefit	Description	Co-pay	Frequency
<b>Your Coverage with a VSP Doctor</b>			
<b>Well Vision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$20	Every calendar year

<b>Prescription Glasses</b>			
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$175 allowance for a wide selection of frames</li> <li>20% off amount over your allowance</li> </ul>	\$15	Every calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	\$10	Every calendar year
<b>Lens Options</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 20-25% off other lens options</li> </ul>	\$55 \$95 - \$105 \$150 - \$175	Every calendar year

<b>Contacts (Instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$175 allowance for contacts; co pay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
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<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Services related to type 1 and type 2 diabetes; ask your VSP doctor for details</li> </ul>	\$20	As needed
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<b>Extra Savings and Discounts</b>	Glasses and Sunglasses 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities
	No more than a \$39 co-pay on routine retinal screening as an enhancement to a WellVision Exam

<b>Your Coverage with Other Providers</b>			
Visit <a href="http://vsp.com">vsp.com</a> for details, if you plan to see a provider other than a VSP doctor.			
Exam – up to \$45	Single Vision Lenses – up to \$30	Lined Trifocal Lenses – up to \$65	Contacts – up to \$105
Frame – up to \$70	Lined Bifocal Lenses – up to \$50	Progressive Lenses – up to \$50	

**The provider panel can change without notice. Employees are responsible for verifying that their provider is part of the network before obtaining services. To verify, contact the provider directly or VSP at 800-877-719 or check [www.vsp.com](http://www.vsp.com).**

*This summary is not intended to include all benefit plan details. If a discrepancy exists between this document and the Plan Document, the Plan Document will govern.*