

# VSP Signature Plan<sup>SM</sup>

The Signature Plan is a premier full-service plan with choice, flexibility, and maximum value through a **VSP Network** doctor.

## Plan Coverage

|                              |   |
|------------------------------|---|
| WellVision Exam <sup>®</sup> | <ul style="list-style-type: none"> <li>Thorough eye exam covered in full less a \$10 copay</li> </ul>   |
| Lenses                       | <ul style="list-style-type: none"> <li>Glass or plastic, single vision, lined bifocal or lined trifocal prescription lenses are covered in full less a \$25 materials copay</li> <li>Cost controls on lens options, saving our members an average of 30%</li> <li>20% off unlimited additional pairs of prescription glasses<sup>1</sup></li> <li>20% off unlimited non-prescription sunglasses<sup>1</sup></li> <li>Dependent children of members are eligible for covered in full polycarbonate prescription lenses after the \$25 materials copay</li> </ul>   |
| Frames                       | <ul style="list-style-type: none"> <li>Frames are covered in full less a \$25 materials copay up to the retail allowance of \$130</li> <li>20% off any amount exceeding allowance</li> </ul>  |
| Contact Lenses               | <ul style="list-style-type: none"> <li>15% off contact lens services, excluding materials</li> <li>Instead of eyeglasses, elective contact lens services and materials are covered in full up to \$130 toward any type of prescription contact lenses</li> <li>Current soft contact lens wearers may qualify for a covered in full (up to \$130) contact lens evaluation and initial supply of approved replacement lenses</li> <li>With pre-approval, medically necessary contact lenses are covered in full less a \$25 materials copay, if certain medical conditions prevent member from wearing glasses</li> </ul> |

## Value-added Benefits

|  |  |
|--|--|
| Laser VisionCare Program <sup>SM</sup> | <ul style="list-style-type: none"> <li>VSP-contracted laser centers provide discounts for laser surgery including PRK, LASIK, and Custom LASIK<sup>2</sup></li> <li>Discounts average 15% off or 5% off if the laser center is offering a promotional price</li> <li>Members who've had PRK, LASIK, or Custom LASIK vision correction surgery can use their frame benefit for sunglasses, instead of a prescription pair of glasses</li> </ul> |
| Low Vision                             | <ul style="list-style-type: none"> <li>Low vision is vision loss sufficient enough to prevent reading and performing daily activities</li> <li>With pre-approval from VSP, low vision supplemental testing is covered every two years</li> <li>VSP will pay 75% of the cost for approved low vision aids, up to the maximum of \$1,000 (less any amount paid for supplemental testing) per member every two years</li> </ul>                   |

## Exclusions

|                  |   |  |
|------------------|---|--|
| Plan Limitations | The following items are excluded under this plan:   | Items not covered under the contact lens coverage:   |
|                  | <ul style="list-style-type: none"> <li>Two pairs of glasses instead of bifocals</li> <li>Replacement of lenses, frames or contacts</li> <li>Medical or surgical treatment</li> <li>Orthoptics, vision training or supplemental testing</li> </ul> | <ul style="list-style-type: none"> <li>Insurance policies or service agreements</li> <li>Artistically painted or non-prescription lenses</li> <li>Additional office visits for contact lens pathology</li> <li>Contact lens modification, polishing or cleaning</li> </ul> |

## Out-Of-Network Reimbursement Schedule

|            |   |       |                          |       |
|------------|---|-------|--------------------------|-------|
| Allowances | Although more than 95% of our patients see VSP doctors, we believe that choice is essential when it comes to health care. That's why we provide the following reimbursement schedule for patients choosing a non-VSP provider. The same \$10 exam copay and \$25 materials copay applies to out of network charges. |       |                          |       |
|            | eye examination   | \$ 35 | lenticular lenses        | \$ 80 |
|            | single vision lenses  | \$ 25 | frame                    | \$ 45 |
|            | bifocal lenses  | \$ 40 | elective contact lenses  | \$105 |
|            | trifocal lenses   | \$ 55 | necessary contact lenses | \$210 |

<sup>1</sup> Discounts valid through any VSP doctor within 12 months of the last covered eye exam.

<sup>2</sup> Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member.