

# Your Vision Benefit Summary

Keep your eyes healthy with IOSCO RESA and VSP® Vision Care.

## Using your VSP benefit is easy.

- · Find an eyecare provider who's right for you. With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit vsp.com or call 800.877.7195.
- Review your benefit information. Visit vsp.com to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There's no ID card necessary.

That's it! We'll handle the rest-there are no claim forms to complete when you see a VSP doctor.

#### Personalized Care

A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, ck Calvin Klein, Flexon®, Lacoste, Michael Kors, Nike, Nine West, and more. Visit vsp.com to find a doctor who carries these brands.

#### Plan Information

VSP Coverage Effective Date: 07/01/2014 VSP Doctor Network: VSP Choice

Automatically get an extra \$20 to spend when you choose a featured frame brand like bebe®, ck Calvin Klein, Flexon®, Lacoste, Michael Kors, Nike, Nine West, and more. Visit vsp.com to find a doctor who carries these brands.

| Benefit                             | Description   | Copay                                  |  |
|-------------------------------------|---|--|--|
|                                     | Your Coverage with a VSP Doctor   |  |  |
| WellVision<br>Exam                  | <ul> <li>Focuses on your eyes and overall wellness</li> <li>Every 12 months</li> </ul>  | \$20                                   |  |
| Prescription G                      | lasses  | \$20                                   |  |
| Frame                               | <ul> <li>\$130 allowance for a wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every 12 months</li> </ul>             | Included in<br>Prescription<br>Glasses |  |
| Lenses                              | <ul> <li>Single vision, lined bifocal, and lined<br/>trifocal lenses</li> <li>Polycarbonate lenses for dependent<br/>children</li> <li>Every 12 months</li> </ul>   | Included in<br>Prescription<br>Glasses |  |
| Lens<br>Enhancements                | <ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens<br/>enhancements</li> <li>Every 12 months</li> </ul> | \$55<br>\$95 - \$105<br>\$150 - \$175  |  |
| Contacts<br>(instead of<br>glasses) | <ul> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>   | Up to \$60                             |  |
|                                     | Classes and Sunglesses  |  |  |
| Extra<br>Savings                    | <ul> <li>Glasses and Sunglasses</li> <li>20% savings on additional glasses and sunglasses,<br/>including lens enhancements, from any VSP doctor<br/>within 12 months of your last WellVision Exam.</li> </ul>     |  |  |
|                                     | <ul> <li>Retinal Screening</li> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>  |  |  |
|                                     | <ul> <li>Laser Vision Correction</li> <li>Average 15% off the regular price or 5% off the<br/>promotional price; discounts only available from<br/>contracted facilities</li> </ul>                               |  |  |
|                                     |   |  |  |
|                                     | Your Coverage with Other Providers  |  |  |
|                                     | or details, if you plan to see a provider other than<br>up to \$45<br>Lined Trifocal Lenses<br>Progressive Lenses   | up to \$65                             |  |

| Frame<br>Single Vision Lenses.<br>Lined Bifocal Lenses | up to \$30 | Progressive Lenses<br>Contacts |  |
|--|------------|--------------------------------|--|
|  |            |                                |  |

VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Visit **vsp.com** or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

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