

EYE CARE WITH A BIGGER FOCUS

Your well-being is at the heart of everything we do. Like harnessing the power of eye exams to detect signs of health conditions before they become more serious. That's why it's no surprise more than 81 million people in the U.S. choose VSP® Vision Care for their eye care and eyewear. For over 65 years, we've put people before profit—pushing the limits on what's possible to help everyone see well and be well.

**#1 IN ACCESS
TO QUALITY CARE***

Choice of an independent doctor or popular retail chain, including Visionworks®, Walmart, and more.

**#1 IN SELECTION
OF EYEWEAR***

The latest styles at the lowest out-of-pocket cost* in-store or online at **eyeconic.com®**.

**#1 IN MEMBER
SATISFACTION***

A no-hassle benefit that members enroll in and use more than any other vision plan.*

VSP CHOICE PLAN®: CUSTOMIZED BENEFIT OPTIONS AND MONTHLY RATES

FREQUENCY	COPAYS AND ALLOWANCES	ENHANCEMENTS AND SUPPLEMENTAL BENEFITS	MONTHLY RATES
Exam every 12 months	\$10 Exam Copay	VSP LightCare™	Employee Only \$8.66
Lenses every 12 months	\$25 Frame/Lens Copay	Extra \$50 allowance on Featured Frame Brands	Employee + One \$14.58
Frame every 24 months	\$140 Frame Allowance		Employee + Children \$14.88
Contact Lenses every 12 months (Instead of lenses and frame)	\$140 Contact Lens Allowance		Employee + Family \$24.00

The Commercial Business rates quoted above for the VSP Choice Plan are valid based on: **i.** an effective date of January 1, 2024 for a client headquartered in Indiana, **ii.** 24-month rate guarantee and contract term, and **iii.** the agreement that VSP will receive these amounts over the full plan term. Rates include all applicable taxes and health assessment fees known on the date of this proposal and exclude platform participation and associated fees. Individual experience is not available for pooled groups.



THE VSP CHOICE PLAN IS FULL OF BENEFITS

The VSP Choice Plan is a full-service plan that offers choice, care, and maximum value through a VSP network provider.

AVERAGE SAVINGS OF 30% ON ALL LENS ENHANCEMENTS¹

Protection from UV, relief from digital eyestrain, and more.

COVERAGE FOR URGENT AND MEDICAL EYE CARE

Care for conditions like pink eye, dry eye, diabetic eye disease and glaucoma.

UP TO \$3,000 IN SAVINGS

Contact lens rebates and discounts on hearing aids, prescriptions—the list goes on.²

VSP CHOICE PLAN BENEFITS		
	In-network	Out-of-network
Vision Care		
WellVision Exam®	Covered-in-full after copay	Reimbursed up to \$45
Contact Lens Exam, Fitting, and Evaluation (Standard & Premium)	Covered-in-full after copay, not to exceed \$60	Not applicable
Routine Retinal Scanning	Covered-in-full after copay, not to exceed \$39 ³	Not applicable
Frames Enhanced coverage may apply. Refer to the option(s) under Customized Benefit Options and Monthly Rates.		
	Covered-in-full after copay, up to frame allowance ⁴	Reimbursed up to \$70
	20% off any amount above the allowance ^{3,4}	
	Extra \$20 allowance on Featured Frame Brands ^{4,6}	
Lenses		
Single Vision	Covered-in-full after copay	Reimbursed up to \$30
Lined Bifocal		Reimbursed up to \$50
Lined Trifocal		Reimbursed up to \$65
Lenticular		Reimbursed up to \$100
Standard Progressive Lenses		Reimbursed up to \$50
Lens Enhancements Enhanced coverage may apply. Refer to the option(s) under Customized Benefit Options and Monthly Rates.		
Premium Progressive Lenses	\$95 - \$105	Not applicable
Custom Progressive Lenses	\$150 - \$175	
Standard Anti-Reflective Coating	\$41	
Photochromic Lenses	\$75	
Solid Tints and Dyes	\$0	
Plastic Gradient Tints	\$17	
Polycarbonate Lenses	\$31 - \$35; \$0 for children	
Scratch-Resistant Coating	\$17	
UV Protection	\$16	
Contact Lenses Instead of lenses and frame		
Elective	Covered-in-full, up to Contact Lens Allowance	Reimbursed up to \$105 ⁷
Necessary	Covered-in-full after copay	Reimbursed up to \$210

VSP CHOICE PLAN BENEFITS (CONTINUED)

	In-network	Out-of-network
Additional Benefits		
Essential Medical Eye Care^{SM,8} Supplemental coverage beyond routine care to treat urgent issues/monitor ongoing conditions like pink eye, sudden vision changes, dry eye, diabetic eye disease and glaucoma	Covered-in-full after copay; not to exceed \$20	Not applicable ¹⁰
Low Vision Supplemental testing and coverage for approved low vision aids; for members with vision loss that prevents reading, moving around in unfamiliar surroundings, and completing desired tasks	Up to \$1,000 every two years; covers 100% supplemental testing and 75% for approved low vision aid	
VSP Laser VisionCareSM Program⁹ Discounted access for laser vision correction services	Average savings of 15-20% off retail price or 5% off promotional price	
Additional Pairs of Glasses	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses ^{3,4,5}	
Supplemental Benefits		
VSP LightCareTM Non-prescription blue light filtering glasses or sunglasses ^{4,11}	Covered-in-full after copay, up to frame allowance ⁴	Not applicable