

# Vision: VSP 10-210

 **Single - \$10.00/month**

 **Couple - \$20.00/month**

VISION COVERAGE BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL VISION EXPENSES

Read Your Policy Carefully - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Network	VSP Choice Plus	
	In-Network	Out-of-Network
<b>WellVision Exam</b>	\$10 Co-Pay	Up to \$65
<b>Lenses (Glass or Plastic)</b>		
Single Vision	\$10 Co-Pay	Up to \$30
Lined Bifocal	\$10 Co-Pay	Up to \$50
Lined Trifocal	\$10 Co-Pay	Up to \$65
Lenticular	\$10 Co-Pay	Up to \$100
<b>Lens Options</b>		
Progressive (Standard no-line)	\$0 Co-Pay	Up to \$50 (in lieu of Lined Bifocal reimbursement)
Premium Progressive Options	\$95-\$105 Co-Pay	
Custom Progressive Options	\$150-\$175 Co-Pay	
Plastic Gradient Dye	\$17 Co-Pay	N/A
Solid Plastic Dye	\$15 Co-Pay	
Photochromic Lenses	\$75 Co-Pay	
Polycarbonate for Adults	\$31 Co-Pay SV/\$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	\$0 Co-Pay	
<b>Coatings</b>		
Scratch Resistant Coating	\$17 Co-Pay	N/A
Anti-Reflective Coating	\$41 Co-Pay	
UV Protection	\$16 Co-Pay	
Additional Lens Enhancements	Up to 25% Discount	
<b>Frames</b>		
Allowance Based on Retail Pricing	\$210 Allowance at any VSP Doctor or \$110 at Costco, Sam's Club or Walmart	Up to \$90
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
<b>Elective Contact Lenses In Lieu of Frame &amp; Lenses</b>		
Elective contact lens fitting, evaluations, and prescription contact lenses are covered up to plan allowance. 15% discount given off contact lens fitting and evaluation services, excluding materials.	\$210 Allowance	Up to \$195
<b>Frequency</b>		
Exam, Lenses, Frame or Contacts	Every 12 Months	
<b>Refractive Surgery</b>		
LASIK***	Up to \$500 in Savings	Not Covered

## Notes

This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.

\*\* 20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.

\*\*\* Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3.