

Plan Features

- 20% discount on remaining frame balance, additional prescription glasses and non-prescription sunglasses.
- Visit vsp.com/offers/special-offers for frame brand details and other special offers.
- Option to apply lens and frame allowances to prescription safety glasses instead of regular eyeglasses or contacts.
- 15% off retail for LASIK or PRK, or 5% off promotional price.**

| | VSP 1 Plan | | VSP 2 Plan | | VSP 3 Plan | | VSP 4 Plan | |
|---|--|-----------------------|--|-----------------------|--|-----------------------|--|-----------------------|
| Vision Services | Contracted | Non-Contracted | Contracted | Non-Contracted | Contracted | Non-Contracted | Contracted | Non-Contracted |
| WellVision Exam | \$10 deductible | \$45 allowance | \$10 deductible | \$45 allowance | \$10 deductible | \$45 allowance | \$10 deductible | \$45 allowance |
| Contact Lens Exam (fitting and evaluation) | \$60 deductible | N/A | \$60 deductible | N/A | \$60 deductible | N/A | \$60 deductible | N/A |
| Frames | | | | | | | | |
| | \$25 deductible | \$70 allowance | \$25 deductible | \$70 allowance | \$10 deductible | \$70 allowance | \$10 deductible | \$70 allowance |
| | \$150 featured frame brands allowance | | \$170 featured frame brands allowance | | \$150 featured frame brands allowance | | \$170 featured frame brands allowance | |
| | \$130 frame allowance | | \$150 frame allowance | | \$130 frame allowance | | \$150 frame allowance | |
| | \$70 Costco/Walmart/Sam's Club frame allowance | | \$80 Costco/Walmart/Sam's Club frame allowance | | \$70 Costco/Walmart/Sam's Club frame allowance | | \$80 Costco/Walmart/Sam's Club frame allowance | |
| Lenses | | | | | | | | |
| Single Vision | Covered in full -included with materials copay. | \$30 allowance | Covered in full -included with materials copay. | \$30 allowance | Covered in full -included with materials copay. | \$30 allowance | Covered in full -included with materials copay. | \$30 allowance |
| Bifocal | | \$50 allowance | | \$50 allowance | | \$50 allowance | | |
| Trifocal | | \$65 allowance | | \$65 allowance | | \$65 allowance | | |
| Standard Progressive | \$0 deductible: covered in full | N/A | \$0 deductible: covered in full | N/A | \$0 deductible: covered in full | N/A | \$0 deductible: covered in full | N/A |
| Lens Enhancements - Member Cost | Single Vision / Multi-focal | Non-Contracted | Single Vision / Multi-focal | Non-Contracted | Single Vision / Multi-focal | Non-Contracted | Single Vision / Multi-focal | Non-Contracted |
| UV Protection | \$10 | N/A | \$10 | N/A | \$10 | N/A | \$10 | N/A |
| Tint (Solid & Gradient) | \$15 | | \$15 | | \$15 | | | |
| Standard Scratch-Resistant Coating | \$17 | | \$17 | | \$17 | | | |
| Std. Impact-Resistant Lenses (Polycarbonate for Adults) | \$31 / 35 | | \$31 / 35 | | \$31 / 35 | | | |
| Standard Anti-Glare Coating | \$41 | | \$41 | | \$41 | | | |
| Premium Progressive Lenses | N/A / \$95-\$105 | | N/A / \$95-\$105 | | N/A / \$95-\$105 | | | |
| Custom Progressive Lenses | N/A / \$150-\$175 | N/A / \$150-\$175 | N/A / \$150-\$175 | N/A / \$150-\$175 | | | | |
| Other Add-ons & Services | Average savings of 30% on other lens enhancements† | | Average savings of 30% on other lens enhancements† | | Average savings of 30% on other lens enhancements† | | Average savings of 30% on other lens enhancements† | |
| Contact Lens Materials | | | | | | | | |
| Conventional | \$130 allowance | \$105 allowance | \$150 allowance | \$105 allowance | \$130 allowance | \$105 allowance | \$150 allowance | \$105 allowance |
| Disposable | \$130 allowance | \$105 allowance | \$150 allowance | \$105 allowance | \$130 allowance | \$105 allowance | \$150 allowance | \$105 allowance |
| Medically Necessary | \$0 deductible: covered in full | \$210 allowance | \$0 deductible: covered in full | \$210 allowance | \$0 deductible: covered in full | \$210 allowance | \$0 deductible: covered in full | \$210 allowance |
| Frequency | | | | | | | | |
| Exam | Once every 12 months | | Once every 12 months | | Once every 12 months | | Once every 12 months | |
| Frame | Once every 24 months | | Once every 24 months | | Once every 12 months | | Once every 12 months | |
| Lenses | Once every 12 months | | Once every 12 months | | Once every 12 months | | Once every 12 months | |
| Laser Vision Correction | | | | | | | | |
| LASIK or PRK† | Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities | Not covered | Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities | Not covered | Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities | Not covered | Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities | Not covered |

Highlights

- Access to VSP® and Visionworks® providers including leading retail locations.
- Members can use in-network benefits online at eyeconic.com.
- 24-hour access to emergency care.
- All members have access to VSP's Premier program.
- Many VSP providers offer early morning, evening or weekend hours.

Network Includes:



[eyeconic](http://eyeconic.com) [Visionworks](http://visionworks.com)

Vision Plan Notes

Discounts

VSP, eyeconic.com and WellVision Exam are registered trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Premium Progressive Lenses

Members receive a discount on Premium Progressive Lenses at certain locations or when using a contracted vision provider.

Allowances

Allowances are one-time use benefits; no remaining balance except for contact lens materials, when applicable. Lost or broken materials are not covered. Out-of-network payments may vary in accordance with state requirements.

LASIK & PRK

Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase. Discounts are only available from VSP-contracted facilities. Custom LASIK coverage is only available using wavefront technology with the microkeratome surgical device, other LASIK procedures may be performed at an additional cost to the member.

Limitations

Some brands of Spectacle Frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Insureds may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at 800-877-7195.

Exclusions

This plan does not cover:

- services and/or materials not specifically included in this Schedule as covered Plan Benefits,
- Plano Lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section below,
- services or materials that are cosmetic, including Plano Contact Lenses to change eye color and artistically painted Contact Lenses,
- two pairs of glasses instead of Bifocals,
- replacement of Spectacle Lenses, Frames, and/or Contact Lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available,
- orthoptics or vision training and any associated supplemental testing,
- medical or surgical treatment of the eyes,
- Contact Lens modification, polishing or cleaning,
- the refitting of Contact Lenses after the initial 90-day filing period,
- Contact Lens insurance policies or service contracts,
- additional office visits associated with Contact Lens pathology,
- local, state and/or federal taxes, except where law requires us to pay.

Available in all states except: AK, MA, NC, NH, NJ, NM, NY, RI, VA, and WA.

Based on applicable laws, reduced costs may vary by doctor location.

IMPORTANT NOTICE: This information is a brief description of the important features of this insurance plan. It is not an insurance contract. All plans of insurance are marketed by Dental Select, an insurance agency, and underwritten by Ameritas Life Insurance Corp. Ameritas is rated A (Excellent) by AM Best. Ratings are an indication of the company's financial strength and ability to meet obligations to its insureds. Rating is current as of February 2021 and subject to change.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.**Based on applicable laws, reduced costs may vary by doctor location. *Based on applicable laws, reduced costs may vary by doctor location.



All plans of insurance are marketed by Dental Select, an insurance agency, and underwritten by Ameritas Life Insurance Corp.; both affiliates of Ameritas Mutual Holding Company. 5900 O Street / P.O. Box 81889 / Lincoln, NE 68501-1889