VSP Signature Plan®

Plan to the fullest. Offers full coverage, including an annual WellVision® Exam, prescription lenses, and the most popular lens enhancements.

Benefits through a VSP Network Provider **Exam** Comprehensive WellVision Exam® covered in full* **Services** Routine retinal screening covered after a no more than \$39 copay Lenses Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full* l ens All popular lens enhancements are covered after a **Enhancements** copay, saving our members an average of 35-40% Single Vision Lens Enhancement Multifocal Anti-reflective coating \$37 \$37 Polycarbonate - Adult \$23 \$28 Polycarbonate – Children Covered Covered Progressive N/A Covered **Photochromic** \$62 \$76 Scratch-resistant coating \$15 \$15 Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost. **Frame** Frames covered in full* up to the retail allowance of Members who select a featured frame brand. including Anne Klein, bebe®, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more, will receive an extra \$20 toward their frame allowance. Featured frame brands subject to change. • 20% off any amount above the retail allowance Members can choose from virtually any frame on the market Sunglasses Members who've had laser surgery can use frame benefit for non-prescription sunglasses through their VSP network doctor of by visiting Eyeconic.com.



Save up to \$2,500

With Exclusive Member Extras, members can save more than \$2,500 with special offers and rebates through VSP and other leading industry brands.

Get up to \$210 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands from Bausch + Lomb and CooperVision.

\$500 savings on LASIK

Members can save up to \$500 on LASIK at NVision Eye Centers, TLC Laser Eye Centers, and The LASIK Vision Institute.

Learn More

Visit vsp.com/specialoffers.

Same day as exam: 30% off unlimited additional

sunglasses from the same VSP doctor who

Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

performed the exam

pairs of prescription glasses and/or non-prescription

Additional

Pairs of

Glasses

VSP Signature Plan[®]

Elective Contact Lenses

- Contact lens exam (fitting and evaluation): Standard and Premium fits are covered in full after copay. Member receives 15% off of contact lens exam services and member's copay will never exceed \$60
- Prescription contact lens materials are covered in full up to the retail allowance of \$130 (in lieu of frame & lenses)
- Members can choose from any available prescription contact lens materials

VSP Primary EyeCare PlanSM

- Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs
- \$20 copay per visit

VSP Laser VisionCareSM Program

 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. Also 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.

Low Vision

- Pre-approved low vision supplemental testing covered every two years
- 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years

Second Pair Benefit

This add-on benefit allows members to get a second pair of glasses or contact lenses.

Disclaimers & Exclusions

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by location. Benefits may also vary at participating retail chains.

Promotions like rebates are continually evaluated and subject to change without notice. Promotions and featured frame brands do not apply at Costco® Optical.

Costco® Optical allowance of \$70 is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

The following items are excluded under this plan: plano lenses (lenses with refractive correction of less than ± .50 diopter), two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing

Items not covered under the contact lens coverage: insurance policies or service agreements: artistically painted or non-prescription lenses: additional office visits for contact lens pathology; contact lens modification, polishing or cleaning.

In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.