



## Vision Benefits Summary

### Open Access Signature Plan C, \$10/\$25 copay

The VSP Signature Plan is a premier full-service plan that offers choice, flexibility, and maximum value through a VSP Network Provider.

#### Your Coverage with a VSP Network Doctor:

**WellVision Exam**® focuses on your eye health and overall wellness - **\$10.00 copay**.....**every 12 months**

#### Prescription Glasses - \$25.00 copay

**Lenses**.....**every 12 months**

• Single vision, lined bifocal and lined trifocal lenses. • Polycarbonate lenses for dependent children

**Frame**.....**every 12 months**

• \$175 (\$200 effective 1/1/2023) allowance for frame of your choice. • 20% savings on the amount over your allowance

~OR~

**Contact Lens Care - \$60 copay applies to the fitting and evaluation**.....**every 12 months**

• \$175 (\$200 effective 1/1/2023) Materials allowance • Medically necessary covered in full

**Lightcare Enhancement**.....**every 12 months**

With VSP LightCare, members now have the flexibility to use their existing frame allowance for ready-to-wear, non-prescription blue-light filtering glasses or non-prescription sunglasses (instead of prescription eyewear).

**Low Vision Benefits and VSP Diabetic Eyecare Program<sup>SM</sup>** are also included.

#### Extra Discounts and Savings:

##### Glasses and Sunglasses

•Average 35% - 40% savings on all non-covered lens enhancements

Lens Enhancement	Single Vision	Multifocal
Anti-reflective coating	\$37	\$37
Polycarbonate	\$23	\$28
Progressive	N/A	\$0
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.

•30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP network doctor on the same day as your WellVision Exam. Or get 20% savings from any VSP network doctor within 12 months of your last WellVision Exam

##### Contacts

•15% savings on the cost of contact lens exam (fitting and evaluation)

##### Laser Vision Correction

We have negotiated special pricing with participating centers, which can add up to hundreds of dollars in savings for VSP members. Visit [vsp.com](http://vsp.com) for more details.

#### Out-of-network Benefits

While 95% of our members choose a VSP network doctor to maximize their benefits, you can choose to see an out-of-network provider, including national or local retail chains. However, your coverage with out-of-network providers is less than when you see a VSP network doctor. If you decide to see an out-of-network provider, review your benefits at [vsp.com](http://vsp.com). You may also use an affiliate provider at Costco®/Sam's Club®/Walmart®. Affiliate providers are considered an out-of-network provider. Though services will be reimbursed at the Open Access Reimbursement Schedule (below), Affiliate providers can submit claims on your behalf directly to VSP.

##### Open Access Reimbursement Schedule:

Single-vision lenses \$50.00	Bifocal lenses \$75.00	Trifocal lenses \$100.00
Lenticular lenses \$125.00	Progressive lenses \$75.00	Frame \$70.00 Costco® / Sam's Club® / Walmart® \$110
Contact Lenses: \$105.00	Necessary Contact lenses \$210.00	Exam \$50.00

Visit [vsp.com](http://vsp.com) to find a VSP network doctor, for details on your vision benefit and for exclusive member-only savings

Serviced by: **DentalandVisionIns.com** **Wolfpack Insurance Services, Inc.**

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