VSP Choice Plan® Proposal Created for Total Benefit Solutions

The VSP Choice Plan includes a WellVision® Exam and quality prescription eyewear.

BENEFIT	VSP PREFERRED PROVIDER[1]	OTHER PROVIDER[1]	
WellVision Exam	Covered in full	Reimbursed up to	$ 45
Contact Lens Exam – Fitting and Evaluation (when choosing contacts)	**Standard** and **premium fit**: covered in full after copay – 15% off contact lens exam services; copay will never exceed $60	See elective contact lenses	
Single Vision Lenses	Covered in full	Reimbursed up to	$ 30
Lined Bifocal Lenses	Covered in full	Reimbursed up to	$ 50
Lined Trifocal Lenses	Covered in full	Reimbursed up to	$ 65
Lenticular Lenses	Covered in full	Reimbursed up to	$100
Frame	Covered up to $130 allowance ($50 wholesale) 20% discount on any amount exceeding retail allowance	Reimbursed up to	$ 70
Elective Contact Lenses	Covered up to $130 (instead of lenses and frames) Mail-in rebate savings[2] up to $110 on eligible Bausch & Lomb contacts and up to $125 on eligible ACUVUE Brand Contacts	Reimbursed up to (includes contact lens services and materials)	$105
Necessary Contact Lenses[3]	Covered in full (instead of lenses and frames)	Reimbursed up to	$210

BENEFIT	BENEFIT HIGHLIGHTS	
Lens Options	Covered in full with a copay – the following are some of our most popular options:	
	Standard Progressives Plastic	$55 copay
	Premium Progressives Plastic	$95-105 copay
	Custom Progressives Plastic	$150-175 copay
	Solid Tints & Dyes (Pink I&II)	Covered in full
	Solid Plastic Dye (except Pink I & II)	$15 copay
	Plastic Gradient Dye	$17 copay
	UV Protection	$16 copay
	Factory Applied Scratch-resistant Coating	$17 copay
	Polycarbonate Lenses	Covered in full for dependent children $33 single vision or $37 multi-focal copay
	Standard Anti-reflective Coating	$43 copay
	Photochromic Lenses Plastic	$70 single vision or $82 multi-focal copay
	All others	20% discount
Primary EyeCare Plan℠	Supplemental medical coverage for specialty eyecare services and conditions $20 copay per visit	
Low Vision	Supplemental testing covered every two years 75% of the cost for approved low vision aids, $1,000 maximum (less any amount paid for testing)	
Additional Glasses	20% discount on additional complete pairs of prescription and non-prescription glasses (includes sunglasses)[4]	
Laser VisionCare Program[5]	15% average discount or 5% off promotional price for PRK, LASIK, and Custom LASIK[6]	
Exclusions and Limitations[7]	There may be some materials and services with either limited or no coverage under this plan Please contact your VSP representative for more information	

[1] When covered in full services are obtained from a VSP Choice Preferred Provider, the patient will have no out-of-pocket expense other than any applicable copays. Services and eyewear obtained through other providers are subject to the same copayments and limitations.
[2] Rebates subject to change.
[3] Necessary contact lenses and fitting and evaluation are covered-in-full for members who have specific conditions for which contact lenses provide better visual correction.
[4] Discounts valid through any VSP Choice Preferred Provider within 12 months of the last covered eye exam.
[5] LaserVision Care discounts are only available from VSP-contracted facilities.
[6] 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.
[7] Coverage shall be governed solely by the terms of your VSP contract.