

Plan Changes: January 1, 2015

Network		Choice Network	
Copay		\$10 Exam/\$10 Materials	
Exam Every:		12 Months	
Lenses Every:		12 Months	
Frame Every:		24 Months	
Diabetic EyeCare Plus		Diabetic EyeCare Plus - \$20 per visit	
VSP PROVIDER			
Examination		Covered after copay	
Contact Lens Exam (Fitting & Evaluation)			
Lenses:			
Single Vision		Covered after copay	
Lined Bifocal		Covered after copay	
Lined Trifocal		Covered after copay	
Lenticular		Covered after copay	
Copay on Lens Options:		The most popular lens options are covered-in-full with a copay, saving our members an average of 20-25%.	
		Single Vision	Multifocal
Anti-reflective coating		\$41	\$41
Polycarbonate for children		No copay	No Copay
Polycarbonate		\$31	\$35
Progressive		N/A	\$55
Photochromic		\$70	\$82
Scratch-resistant coating		\$17	\$17
Frames		\$150.00	
Elective Contact Lenses*		\$120.00	
Necessary Contact Lenses*		Covered after copay	
		*Contact Lenses are in lieu of spectacle lenses and frames once every 12 months	
DISCOUNTS & SAVINGS			
		Average 20-25% savings on all non-covered lens options	
		20-25% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam.	
		Polycarbonate lenses for dependent children	
		Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	
Retail Chain Affiliate Providers		VSP contracts with Costco [®] Optical, Eye Care Centers of America, Inc. [™] , and other high quality retail chains.	
NON-VSP PROVIDER			
Examination		\$35.00	
Lenses:			
Single Vision		\$25.00	
Bifocal		\$35.00	
Trifocal		\$45.00	
Lenticular		\$100.00	
Progressive		\$35.00	
Frames		\$55.00	
Elective Contact Lenses*		\$95.00	
Necessary Contact Lenses		\$250.00	
		*Contact Lenses are in lieu of spectacle lenses and frames once every 12 months	