

VSP Choice Plan® Proposal

Prepared for Independent Support Services



The VSP Choice Plan is a full-service plan that offers low costs, a focus on health, and better provider choices.

Guaranteed Lowest Out-of-Pocket Costs

Our Member Promise guarantees that employees are completely satisfied with their eyecare and eyewear from VSP network providers, or we'll make it right. This includes satisfaction with out-of-pocket costs, consumer's #1 priority in a vision plan. We guarantee your employees will have the lowest out-of-pocket costs for equivalent glasses with VSP network providers, compared to your current vision plan.

A Focus on Health - VSP's Eye Health Management Program®

For every dollar our clients spend on a VSP eye exam, they can expect on average, a four-year total return on investment of \$1.45 in avoided medical costs and **improved employee productivity** according to a recent independent study by Human Capital Management Services. And VSP network providers detected signs of certain chronic conditions before any other healthcare provider. We've also seen a 22% increase in members with diabetes getting an annual exam thanks to our exam reminders.

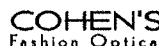
Better Provider Choices

Your employees can choose their provider from 67,000 access points, including the largest national network of independent doctors and nearly 4,600 participating retail chain locations.



VSP Doctors - 95% offer early morning, evening and weekend appointments. 24-hour access to emergency care.

Participating Retail Chains¹ - Your employees get the convenience of popular retail chains like these and more.



Direct Pay Convenience - It's simple for your employees to use their VSP out-of-network benefits at Walmart® and Sam's Club®. Employees say, "I have VSP," and we do the rest. Hundreds of frames are covered-in-full.



VSP Benefits subject to applicable copays²

Exam Services	Comprehensive WellVision Exam® covered-in-full after copay		
	Contact lens exam - fitting and evaluation (when choosing contacts): Standard and Premium fit: Covered in full with a copay. Member receives 15% off ³ of contact lens exam services; ⁴ member's copay will never exceed \$60		
	Routine retinal screening covered after an up to \$39 copay ³		
Lenses	Glass or plastic:	Single vision	Covered-in-full after copay
		Lined bifocal	Covered-in-full after copay
		Lined trifocal	Covered-in-full after copay
		Lenticular	Covered-in-full after copay
Frame	<ul style="list-style-type: none"> • Frames covered-in-full after copay up to the retail allowance of \$130⁵ • Frame allowance is guaranteed by a \$50 wholesale allowance at VSP doctors, ensuring more than 13,000 frames are covered-in-full • Members who select a featured frame brand including Ann Klein, bebe®, Calvin Klein, Flexon, Lacoste, Nike, Nine West, and more will receive an extra \$20 toward their frame allowance.⁶ • 20% off³ any amount above the retail frame allowance⁴ • Members can choose from virtually any frame on the market 		

Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit

Lens Enhancements	The most popular lens enhancements are covered after a copay, saving members an average of 20-25% ⁴ ; members should see their VSP network provider for special pricing on additional lens enhancements. Maximum copay on standard lens enhancements:		
	Lens Enhancement	Single Vision	Multifocal
	Standard progressives plastic	N/A	\$55
	Premium progressives plastic	N/A	\$95-105
	Custom progressives plastic	N/A	\$150-175
	Standard anti-reflective coating	\$41	\$41
	Solid tints & dyes (pink I&II)	No copay	No copay
	Solid plastic dye (except pink I&II)	\$15	\$15
	Plastic gradient dye	\$17	\$17
	UV protection	\$16	\$16
	Factory applied scratch-resistant coating	\$17	\$17
	Polycarbonate for children	No copay	No copay
	Polycarbonate	\$31	\$35
	Photochromic plastic	\$70	\$82
Elective Contact Lenses (instead of lenses & frame)	<ul style="list-style-type: none"> • Prescription contact lens materials covered-in-full up to \$130 retail allowance • VSP members get exclusive mail-in rebate savings⁷ on eligible Bausch + Lomb contacts at VSP doctors • Members can choose from any available prescription contact lens materials 		
Necessary Contact Lenses (instead of lenses & frame)	<ul style="list-style-type: none"> • Covered-in-full after copay for members who have specific conditions at VSP doctors • Covered up to \$210 after copay for members who have specific conditions at participating retail chains 		
Additional Pairs of Glasses⁸	20% off ³ unlimited additional pairs of prescription glasses and/or non-prescription sunglasses ⁴		
Primary EyeCare ProgramSM	Supplemental coverage for non-surgical medical eye conditions, such as pink eye and other urgent eyecare - \$20 copay per visit at VSP doctors		
Laser VisionCare ProgramSM	Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, and Custom LASIK ⁹ through VSP doctors		
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 at VSP doctors		
Eye Health Management Program[®]	Exam reminder letters sent to VSP members with diabetes who have not had an eye exam in 14 months		

Out-of-Network Benefits subject to applicable copays²

Exam	Reimbursed up to \$45	Frame	Reimbursed up to \$70
Lenses:			
Single vision	Reimbursed up to \$30	Contact lens exam & materials	
Lined bifocal	Reimbursed up to \$50	(in lieu of lenses & frame):	
Lined trifocal	Reimbursed up to \$65	Elective	Reimbursed up to \$105 ¹⁰
Lenticular	Reimbursed up to \$100	Necessary	Reimbursed up to \$210

Exclusions¹¹ 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 Participating retail chains upon request. Benefits may vary at participating retail chain locations.

² When covered-in-full services are obtained from a VSP network provider, the patient will have no out-of-pocket expense other than any applicable copays. Services and eyewear obtained through out-of-network providers are subject to product availability and the same copays and limitations. Please refer to rate page.

³ Based on applicable laws, benefits may vary by location.

⁴ Costco published prices already include discounts instead of those noted.

⁵ Costco allowance of \$70 is equivalent to the frame allowance at other VSP network providers (average frame at Costco is \$68).

⁶ Reflects current promotion, evaluated annually. Promotion/featured frame brands are subject to change and the promotional allowance does not apply at Costco Optical. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

⁷ Rebates subject to change.

⁸ 20% off applies to unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam.

⁹ 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. Laser VisionCare discounts are only available from VSP-contracted facilities.

¹⁰ If \$100 allowance is purchased, out-of-network providers will reimburse up to \$85.

¹¹ Coverage shall be governed solely by the terms of your VSP contract.

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Exclusive Member Extras

We put our members first by providing Exclusive Member Extras from VSP and leading industry brands, totaling more than \$2,500 in savings. Check out a sample below.

Contacts

- Exclusive mail-in rebate savings on eligible Bausch & Lomb® contacts
- Free trial certificates for Bausch & Lomb contacts

Glasses

- Up to 50% savings on UNITY® digital lenses*
- Up to 40% savings on sunsync™ - lenses that adapt to your environment*
- Average savings of \$325 on Nike-authorized prescription sunglasses*
- Extra \$20 to spend on featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more*

LASIK

- Up to \$500 savings on LASIK

More Offers

- Free shipping, shop-at-home convenience, and savings on contacts and sunglasses at eyeconic.com

Hearing Aids

- Savings of up to \$2,400 on a pair of digital hearing aids and savings on batteries for you and your extended family members through TruHearing®**

Offers are updated frequently. Your employees can learn more about these and other offers at vsp.com/specialoffers.

* Reflects current promotion, evaluated annually. Promotion/featured frame brands are 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.

** Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network providers to VSP members with applicable plan benefits.



Enrollment Form with Dependent Data

Name of group (employer): _____

Employee last name, first name, middle initial: _____

Social Security Number: _____

Gender: male female

Effective Date of Coverage: _____

Type of coverage selected:

- employee only
- employee and one dependent
- employee and child(ren)
- employee and family
- waive coverage

Date of birth (month/date/year): _____

* **Dependent Relationship:** S=spouse, C=child, H=handicapped child, T=student

dependent last name	dependent first name	gender	* Dependent Relationship	date of birth mm/dd/yyyy
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
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Employee Signature: _____

Please return this form to your benefits administrator. Do not return to VSP.