

Vision Plan Designs

VSP Coverage
Effective January 1, 2008

Comprehensive Plan

YOUR COVERAGE FROM A VSP DOCTOR

Exam covered in fullevery plan year

Prescription Glasses

▪ **Lenses covered in full**every other plan year

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

▪ **Frames covered in full**.....every other plan year

- Frame of your choice covered up to \$120
- Plus, 20% off any out-of-pocket costs

~OR~

▪ **Contact Lens Care**every other plan year

When you choose contacts instead of glasses, your \$120 frame allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure the proper fit of contacts. If you choose contact lenses, you will be eligible for a frame from the date the contact lenses were obtained.

Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your eye doctor or vsp.com.

ADVANTAGES OF COVERAGE

Without coverage, an exam and prescription glasses can cost \$300 or more. With VSP coverage, you'll save. Plus, with pretax payroll deductions, you'll be budgeting for your eye care while reducing your taxable income.

YOUR COPAYS

Exam.....\$15

Prescription Glassesno copay applies

Contactsno copay applies

EXTRA DISCOUNTS AND SAVINGS

▪ Laser Vision Correction Discounts

▪ Glasses and Sunglasses

- Average 30% savings on lens options such as scratch resistant and antireflective coatings and progressives
- 20% off additional prescription glasses and sunglasses, including lens options*

▪ Contacts*

- 15% off cost of contact lens exam (fitting and evaluation)

* Available from any VSP doctor within 12 months of your last eye exam

Dollar for dollar, you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, the copay still applies. You'll also receive a lesser benefit and typically pay more out of pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at **800-877-7195**.

Out-of-Network Reimbursement Amounts:

▪ **Exam**.....up to \$45

▪ Lenses:

- Single Visionup to \$45
- Lined Bifocalup to \$65
- Lined Trifocalup to \$85
- Frameup to \$47
- Contactsup to \$105

Basic Plan

YOUR COVERAGE FROM A VSP DOCTOR

Exam covered in fullevery plan year

Prescription Eyewear Discounts

▪ Lenses

20% discount when a complete pair of glasses (lenses and frames) is purchased

▪ Frame

20% discount when a complete pair of glasses (lenses and frames) is purchased

▪ Contacts

15% discount off the contact lens fitting and evaluation exam. This exam is in addition to your vision exam to ensure proper fit of your contacts.

ADVANTAGES OF COVERAGE

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YOUR COPAYS

Exam.....\$15

EXTRA DISCOUNTS AND SAVINGS

▪ Laser Vision Correction Discounts

▪ Glasses and Sunglasses

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- 20% off additional prescription glasses, including lens options*

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* Available from any VSP doctor within 12 months of your last eye exam

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Out-of-Network Reimbursement Amounts:

Examup to \$45

VSP guarantees service from VSP network doctors only.

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

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at McClatchy

