

VSP Signature Plan[®]



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

Plan Coverage			
WellVision Exam [®]	<ul style="list-style-type: none"> • Thorough eye exam covered in full¹ 		
Lenses	<ul style="list-style-type: none"> • Glass or plastic, single vision, lined bifocal or lined trifocal prescription lenses are covered in full¹ • Cost controls on lens options, saving our members an average of 35-40% • 30% off unlimited additional pairs of prescription glasses² • 30% off unlimited non-prescription sunglasses² • Dependent children of members are eligible for covered in full polycarbonate prescription lenses 		
Frames	<ul style="list-style-type: none"> • Frames are covered in full¹ up to the retail allowance of \$130 • 20% off any amount exceeding allowance 		
Contact Lenses	<ul style="list-style-type: none"> • 15% off contact lens services, excluding materials • Instead of eyeglasses, elective contact lens services and materials are covered in full up to \$130 toward any type of prescription contact lenses • Refit and replacement contact lens wearers may qualify for a covered in full³ contact lens exam and a six-month supply of approved lenses, including toric, multifocal, and silicone hydrogel • Necessary contact lenses are covered in full¹ for members who have specific conditions for which contact lenses provide better visual correction 		
Value-added Benefits			
Primary Eyecare Program SM	<ul style="list-style-type: none"> • Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs • Members can see their VSP Preferred Provider without a referral, as often as needed 		
Laser VisionCare Program	<ul style="list-style-type: none"> • VSP-contracted laser centers provide discounts for laser surgery including PRK, LASIK, and Custom LASIK⁴ • Discounts average 15% off or 5% off if the laser center is offering a promotional price⁵ • Members who've had PRK, LASIK, or Custom LASIK vision correction surgery can use their frame benefit for sunglasses, instead of a prescription pair of glasses 		
Low Vision	<ul style="list-style-type: none"> • Low vision is vision loss sufficient enough to prevent reading and performing daily activities • With pre-approval from VSP, low vision supplemental testing is covered every two years • VSP will pay 75% of the cost for approved low vision aids, up to the maximum of \$1,000 (less any amount paid for supplemental testing) per member every two years 		
Exclusions			
Plan Limitations	<table border="0"> <tr> <td style="vertical-align: top;"> <p>The following items are excluded under this plan:</p> <ul style="list-style-type: none"> • Two pairs of glasses instead of bifocals • Replacement of lenses, frames or contacts • Medical or surgical treatment • Orthoptics, vision training or supplemental testing </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Items not covered under the contact lens coverage:</p> <ul style="list-style-type: none"> • Insurance policies or service agreements • Artistically painted or non-prescription lenses • Additional office visits for contact lens pathology • Contact lens modification, polishing or cleaning </td> </tr> </table>	<p>The following items are excluded under this plan:</p> <ul style="list-style-type: none"> • Two pairs of glasses instead of bifocals • Replacement of lenses, frames or contacts • Medical or surgical treatment • Orthoptics, vision training or supplemental testing 	<p>Items not covered under the contact lens coverage:</p> <ul style="list-style-type: none"> • Insurance policies or service agreements • Artistically painted or non-prescription lenses • Additional office visits for contact lens pathology • Contact lens modification, polishing or cleaning
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¹ Less any applicable copay.

² 30% discount applies to glasses purchased the same day as the member's eye exam from the same VSP Preferred Provider who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP Preferred Provider within 12 months of the last covered eye exam.

³ If a member selects a lens from a tier that is above their allowance they pay the difference. If a member selects a lens from a tier that is below their allowance they may apply the remaining balance toward additional contact lenses. This program was designed for standard fit members, VSP Preferred Provider will determine if a member qualifies.

⁴ 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.

⁵ Laser/Vision Care discounts are only available from VSP-contracted facilities.