

# VSP Choice Plan<sup>®</sup>

Prepared for COPOWER



The VSP Choice Plan is a premier full-service plan that offers choice, flexibility, and maximum value through a VSP Preferred Provider. We also have arrangements with high quality retail chains as affiliate providers<sup>1</sup>. Whether your employees choose a preferred or affiliate provider, they will receive a covered-in-full benefit experience.

Provider Choices	<p>VSP Preferred Providers</p> <ul style="list-style-type: none"> <li>57,000 access points nationwide. VSP preferred providers are located in retail, neighborhood, medical and professional settings.</li> </ul> <p>Retail Chain Affiliate Providers<sup>1</sup></p> <ul style="list-style-type: none"> <li>More than 600 Visionworks locations, approximately 400 Costco<sup>®</sup> Optical locations, and other high quality retail chains.</li> </ul> <p>Other Providers</p> <ul style="list-style-type: none"> <li>We also have a direct pay or assignment of benefits arrangement with Walmart<sup>®</sup> Vision Center and Sam's Club<sup>®</sup> Optical Center.</li> <li>Your employees have the freedom to choose any provider, national retailer, or local retail chain.</li> </ul>																					
Benefits through a VSP Choice Preferred Provider <sup>1</sup>																						
Exam Services	<p>Comprehensive WellVision Exam<sup>®</sup> covered in full<sup>2</sup></p> <p>Contact lens exam (fitting and evaluation): Standard and Premium fit are covered in full after copay. Member receives 15% off of contact lens exam services; member's copay will never exceed \$60.<sup>3</sup></p> <p>Routine retinal screening covered after a no more than \$39 copay.<sup>3</sup></p>																					
Lenses	<table border="1"> <tr> <td data-bbox="500 1136 672 1161">Glass or plastic:</td> <td data-bbox="813 1136 948 1245">                     Single vision                      Lined bifocal                      Lined trifocal                      Lenticular                 </td> <td data-bbox="1166 1136 1328 1245">                     Covered in full<sup>2</sup>                      Covered in full<sup>2</sup>                      Covered in full<sup>2</sup>                      Covered in full<sup>2</sup> </td> </tr> </table>	Glass or plastic:	Single vision Lined bifocal Lined trifocal Lenticular	Covered in full <sup>2</sup> Covered in full <sup>2</sup> Covered in full <sup>2</sup> Covered in full <sup>2</sup>																		
Glass or plastic:	Single vision Lined bifocal Lined trifocal Lenticular	Covered in full <sup>2</sup> Covered in full <sup>2</sup> Covered in full <sup>2</sup> Covered in full <sup>2</sup>																				
Lens Enhancements	<p>The most popular lens enhancements are covered after a copay, saving members an average of 20-25%; members should see their doctor for special pricing on additional lens enhancements.<sup>3</sup></p> <table border="1"> <thead> <tr> <th data-bbox="500 1371 651 1396"><i>Patient Option</i></th> <th data-bbox="813 1371 948 1396"><i>Single Vision</i></th> <th data-bbox="1203 1371 1312 1396"><i>Multifocal</i></th> </tr> </thead> <tbody> <tr> <td data-bbox="500 1398 732 1423">Anti-reflective coating</td> <td data-bbox="813 1398 850 1423">\$41</td> <td data-bbox="1203 1398 1240 1423">\$41</td> </tr> <tr> <td data-bbox="500 1425 781 1451">Polycarbonate for children</td> <td data-bbox="813 1425 915 1451">No copay</td> <td data-bbox="1203 1425 1305 1451">No copay</td> </tr> <tr> <td data-bbox="500 1453 656 1478">Polycarbonate</td> <td data-bbox="813 1453 850 1478">\$31</td> <td data-bbox="1203 1453 1240 1478">\$35</td> </tr> <tr> <td data-bbox="500 1480 623 1505">Progressive</td> <td data-bbox="813 1480 850 1505">N/A</td> <td data-bbox="1203 1480 1240 1505">\$55</td> </tr> <tr> <td data-bbox="500 1507 651 1533">Photochromic</td> <td data-bbox="813 1507 850 1533">\$70</td> <td data-bbox="1203 1507 1240 1533">\$82</td> </tr> <tr> <td data-bbox="500 1535 764 1560">Scratch-resistant coating</td> <td data-bbox="813 1535 850 1560">\$17</td> <td data-bbox="1203 1535 1240 1560">\$17</td> </tr> </tbody> </table>	<i>Patient Option</i>	<i>Single Vision</i>	<i>Multifocal</i>	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
<i>Patient Option</i>	<i>Single Vision</i>	<i>Multifocal</i>																				
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																				
Frame	<ul style="list-style-type: none"> <li>Frames covered in full<sup>2</sup> up to the retail allowance of \$150. Costco<sup>®</sup> Optical allowance of \$80 is equivalent to the frame allowance at preferred providers and other affiliate locations.</li> <li>Frame allowances backed by a wholesale allowance guarantee, ensuring over 16,000 frames are covered-in-full</li> <li>Members who select a featured frame brand including Anne Klein, bebe<sup>®</sup>, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more will receive an extra \$20 toward their frame allowance, beginning January 1, 2014<sup>4</sup></li> <li>20% off any amount above the retail allowance<sup>3</sup></li> <li>Members can choose from virtually any frame on the market</li> </ul>																					
Elective Contact Lenses	<ul style="list-style-type: none"> <li>Prescription contact lens materials covered-in-full up to the retail allowance of \$150 (in lieu of frame &amp; lenses)</li> <li>VSP members get exclusive mail-in rebate savings<sup>5</sup> on eligible Bausch + Lomb contacts</li> </ul>																					



	<ul style="list-style-type: none"> <li>Members can choose from any available prescription contact lens materials</li> </ul>																
Necessary Contact Lenses	Covered in full <sup>2</sup> for members who have specific conditions																
Additional Pairs of Glasses	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses <sup>3, 6</sup>																
Laser VisionCare Program	Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase <sup>7</sup>																
VSP Diabetic EyeCare Plus Program <sup>SM</sup>	Additional coverage for members with diabetic eye disease, glaucoma or age-related macular degeneration.																
Eye Health Management Program <sup>®</sup>	<ul style="list-style-type: none"> <li>VSP collects HIPAA-compliant patient condition data and shares it with your health plan or disease management vendor</li> <li>ICD-9 code-based reporting of certain chronic conditions supports your disease management efforts</li> <li>Exam reminder letters sent to VSP members with certain conditions who have not had an eye exam in 14 months</li> </ul>																
Open Access Schedule	<p>We offer a generous reimbursement schedule for services from other providers</p> <table border="0"> <tr> <td>Exam</td> <td>\$45</td> </tr> <tr> <td>Lenses:</td> <td></td> </tr> <tr> <td>    Single vision</td> <td>\$30</td> </tr> <tr> <td>    Lined bifocal</td> <td>\$50</td> </tr> <tr> <td>    Lined trifocal</td> <td>\$65</td> </tr> <tr> <td>Frame</td> <td>\$70</td> </tr> <tr> <td>Elective contact lenses (in lieu of lenses and frame)</td> <td>\$105</td> </tr> <tr> <td>Medically Necessary Contact Lenses:</td> <td>\$210</td> </tr> </table>	Exam	\$45	Lenses:		Single vision	\$30	Lined bifocal	\$50	Lined trifocal	\$65	Frame	\$70	Elective contact lenses (in lieu of lenses and frame)	\$105	Medically Necessary Contact Lenses:	\$210
Exam	\$45																
Lenses:																	
Single vision	\$30																
Lined bifocal	\$50																
Lined trifocal	\$65																
Frame	\$70																
Elective contact lenses (in lieu of lenses and frame)	\$105																
Medically Necessary Contact Lenses:	\$210																

### Exclusions

The following items are excluded under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing

Items not covered under the contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; contact lens modification; polishing or cleaning

<sup>1</sup> Benefits vary at affiliate locations.

<sup>2</sup> Less any applicable copay.

<sup>3</sup> Based on applicable laws, benefits may vary by doctor location.

<sup>4</sup> 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.

<sup>5</sup> Rebates subject to change

<sup>6</sup> 20% off unlimited additional pairs of glasses valid through any VSP Preferred Provider within 12 months of the last covered eye exam.

<sup>7</sup> 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/Vision Care discounts are only available from VSP-contracted facilities.