Vision Benefits

VISION BENEFITS

Vision benefits are available through VSP®. It's easy to find a nearby network doctor. Get the most from your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

Create an account on **vsp.com** to learn more about your vision benefits and find an eye doctor near you.
*To learn more about your vision benefits and find an eye doctor near you, create an account at **vsp.com**.*

EXCLUSIONS AND LIMITATIONS

Some brands of spectacle frames may be unavailable for purchase as plan benefits, or may be subject to additional limitations. Covered persons may obtain details regarding frame brand availability from their VSP member doctor or by calling VSP's Customer Care Division at **800-877-7195**.

VSP Advantage Plan	NETWORK	NON-NETWORK REIMBURSEMENT
Vision exam	$10	Up to $43
Eyeglass lenses		
Single vision	$20	Up to $30
Bifocal	$20	Up to $45
Trifocal	$20	Up to $62
Lenticular	$20	Up to $100
Standard progressive lenses	$20	Up to $45
Frames*	$200 allowance; 20% off balance over $200 $250 at Visionworks	Up to $40
Contact lenses**	Frames and contacts both available in same plan year in lieu of eyeglass lenses (12/12/12 frequency)	
Non-elective	Covered at 100%	Up to $210
Elective	$200 Allowance; not to exceed $40 copay for contact lens exam	Up to $185
Service frequency		
Exams	12 months	12 months
Prescription lenses	12 months	12 months
Frames	12 months	12 months
Contact lenses	12 months	12 months
Laser care	Average 15% off the regular price or 5% off the promotional price	

*NOT in lieu of contacts on 12/12/12 High option; ARE in lieu of contacts on 12/12/24 Low option.
**In lieu of only eyeglass lenses on 12/12/12 High option; frames and contacts available; Low option alternative 12/12/24 — contacts are in lieu of glasses.

SERVICES NOT COVERED

- Services and/or materials not specifically included in this schedule as covered plan benefits
- Piano lenses (lenses with refractive correction of less than + .50 diopter)
- Two pairs of glasses instead of bifocals
- Replacement of lenses, frames and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when plan benefits are otherwise available
- Orthoptics or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Replacement of lost or damaged contact lenses, except at normal intervals when services are otherwise available
- Contact lens modification, polishing, or cleaning
- Local, state, and/or federal taxes, except where VSP is required by law to pay
- Services associated with corneal refractive therapy (CRD or orthokeratology)