

# VSP Signature Plan®



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



## Save up to \$3,000

With Exclusive Member Extras, members can save more than \$3,000 with special offers and rebates through VSP and other leading industry brands.



## Get up to \$200 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands from Bausch + Lomb and CooperVision.



## \$1,000 savings on LASIK

Members can save up to \$1,000 on LASIK at TLC Laser Eye Centers and The LASIK Vision Institute.

[LEARN MORE. VISIT VSP.COM/OFFERS.](https://www.vsp.com/offers)

## BENEFITS THROUGH A VSP NETWORK PROVIDER

### Exam Services

- Comprehensive WellVision Exam® covered in full\*
- Routine retinal screening covered after a no more than \$39 copay

### Lenses

- Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full\*

### Lens Enhancements

- Most popular lens enhancements are covered after a copay, saving our members an average of 40%

<b>Lens Enhancement</b>	<b>Single Vision</b>	<b>Multifocal</b>
Anti-reflective coating	\$37	\$37
Polycarbonate - Adult	\$23	\$28
Polycarbonate - Children	Covered	Covered
Progressive	N/A	\$50
Photochromic	\$70	\$70
Scratch-resistant coating	\$15	\$15

*Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost*

# VSP Signature Plan<sup>®</sup>

## Frame

- Frames covered in full\* up to the retail allowance of **\$130**.
- Members who select a featured frame brand, including Anne Klein, bebe®, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more, will receive an extra \$20 toward their frame allowance.  
*Featured frame brands subject to change.*
- 20% off any amount above the retail allowance
- Members can choose from virtually any frame on the market

---

## Sunglasses

- Members who've had laser surgery can use frame benefit for non-prescription sunglasses

---

## Additional Pairs of Glasses

- Same day as exam: 30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from the same VSP doctor who performed the exam
- Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

---

## Elective Contact Lenses

- **Contact lens exam (fitting and evaluation):** Standard and Premium fits are covered in full after copay. Member receives 15% off of contact lens exam services and member's copay will never exceed **\$60**.
- Prescription contact lens materials are covered in full up to the retail allowance of **\$130** (in lieu of frame & lenses)
- Members can choose from any available prescription contact lens materials

---

## VSP Primary EyeCare Plan<sup>SM</sup>

- Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs
- \$20 copay per visit

---

## VSP Laser VisionCare<sup>SM</sup> Program

- Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase

*Discounts are only available from VSP-contracted facilities. Also 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.*

---

## Low Vision

- Pre-approved 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

---

## Disclaimers and Exclusions

\*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by location. Benefits may also vary at participating retail chains.

Promotions like rebates are continually evaluated and subject to change without notice.

# VSP Signature Plan<sup>®</sup>

---

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.

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

---