

VSP Choice Plan[®]

Minnesota Healthcare Consortium – Materials Only Plan

The VSP Choice Plan is a materials only plan that offers choice, flexibility, and maximum value through a VSP Network Provider.



Benefits through a VSP Network Provider

Lenses

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

Lens Enhancements

- Most popular lens enhancements are covered after a copay, saving our members an average of 20-25%

<i>Lens Enhancement</i>	<i>Single Vision</i>	<i>Multifocal</i>
Anti-reflective coating	\$41	\$41
Polycarbonate - Adult	\$31	\$35
Polycarbonate - Children	Covered	Covered
Standard Progressive	N/A	Covered
Photochromic	\$75	\$75
Scratch-resistant coating	\$17	\$17

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

Frame

- Frames covered in full* up to the retail allowance of **\$150**.
- 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

Additional Pairs of Glasses

- **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 contact lens exam services and member's copay will never exceed **\$45**
- Prescription contact lens materials are covered in full up to the retail allowance of **\$150** (in lieu of frame & lenses)
- Members can choose from any available prescription contact lens materials

VSP Diabetic EyeCare Plus ProgramSM

- Additional coverage for members with diabetic eye disease, glaucoma or age-related macular degeneration
- \$20 copay per visit

VSP Laser VisionCareSM 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.

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.

\$500 savings on LASIK

Members can save up to \$500 on LASIK at TLC Laser Eye Centers, and The LASIK Vision Institute.

Learn More

Visit vsp.com.

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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

Out-of-Network Schedule

We offer a generous reimbursement schedule for services from other providers

Lenses:

Single Vision	\$30.00
Lined Bifocal	\$50.00
Lined Trifocal	\$65.00
Frame	\$70.00
Elective Contact Lenses (in lieu of lenses and frame)	\$105.00

Monthly Rates

Fully Insured:
Risk Rates

Lens/Frame	12/24
Materials Copay	\$25.00
Retail Frame Allowance	\$150.00
Elective Contact Lens Allowance	\$150.00
Standard Progressive Lenses	Covered in Full
Member Only	\$6.10
Member + Spouse	\$12.20
Member + Child(ren)	\$13.04
Member + Family	\$20.86

Rate Details

Rates are based on 30,000 eligible employees, are guaranteed for 48 months, and are valid until 7/1/2021. Coverage offered: 100% Employee Paid. Includes flat 10% commissions. Rates include any applicable taxes and health assessment fees known as of the date of the proposal.

Disclaimers & 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. Promotions and featured frame brands do not apply at Walmart®.

Walmart® and Costco® allowance of \$80 is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

The following items are excluded under this plan: plano lenses (lenses with refractive correction of less than ± .50 diopter), 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.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
PRESCRIPTION GLASSES		\$25	
FRAME	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance 	Included in Prescription Glasses	Every other plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$45	Every plan year
PRIMARY EYECARESM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Plan year begins in July