

# VSP Exam Plus Plan

The Exam Plus Plan is a basic plan with a covered in full eye exam and discounts for eyewear through a VSP Preferred Provider.<sup>1</sup>

Plan Coverage			
WellVision Exam <sup>®</sup>	<ul style="list-style-type: none"> <li>• Thorough eye exam covered in full<sup>2</sup></li> </ul>		
Glasses	<ul style="list-style-type: none"> <li>• 20% off complete pairs of prescription glasses</li> <li>• 20% off all lens options</li> <li>• 20% off unlimited non-prescription sunglasses<sup>3</sup></li> </ul>		
Contact Lenses	<ul style="list-style-type: none"> <li>• 15% off contact lens services, excluding materials</li> </ul>		
Value-added Benefits			
Primary EyeCare Plan <sup>SM</sup>	<ul style="list-style-type: none"> <li>• Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs</li> <li>• Members can see their VSP provider without a referral, as often as needed</li> </ul>		
Laser VisionCare Program	<ul style="list-style-type: none"> <li>• VSP-contracted laser centers provide discounts for laser surgery including PRK, LASIK, and Custom LASIK<sup>5</sup></li> <li>• Discounts average 15% off or 5% off if the laser center is offering a promotional price<sup>6</sup></li> </ul>		
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"> <li>• Two pairs of glasses instead of bifocals</li> <li>• Replacement of lenses, frames or contacts</li> <li>• Medical or surgical treatment</li> <li>• Orthoptics, vision training or supplemental testing</li> </ul> </td> <td style="vertical-align: top; border-left: 1px solid black;"> <p>Items not covered under the contact lens coverage:</p> <ul style="list-style-type: none"> <li>• Insurance policies or service agreements</li> <li>• Artistically painted or non-prescription lenses</li> <li>• Additional office visits for contact lens pathology</li> <li>• Contact lens modification, polishing or cleaning</li> </ul> </td> </tr> </table>	<p>The following items are excluded under this plan:</p> <ul style="list-style-type: none"> <li>• Two pairs of glasses instead of bifocals</li> <li>• Replacement of lenses, frames or contacts</li> <li>• Medical or surgical treatment</li> <li>• Orthoptics, vision training or supplemental testing</li> </ul>	<p>Items not covered under the contact lens coverage:</p> <ul style="list-style-type: none"> <li>• Insurance policies or service agreements</li> <li>• Artistically painted or non-prescription lenses</li> <li>• Additional office visits for contact lens pathology</li> <li>• Contact lens modification, polishing or cleaning</li> </ul>
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<sup>1</sup> Plan available through various provider networks including the VSP Network, Choice Network, Select Network, and Advantage Network.

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

<sup>3</sup> Discounts valid through any VSP Preferred Provider within 12 months of the last covered eye exam.

<sup>4</sup> 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 Providers will determine if a member qualifies.

<sup>5</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.

<sup>6</sup> LaserVision Care discounts are only available from VSP-contracted facilities.