

VSP Choice Plan[®]

Minnesota Healthcare Consortium – Full-Service Plan

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



Benefits through a VSP Network Provider

Exam Services

- Comprehensive WellVision Exam[®] covered with a **\$10 copay***
- Routine retinal screening covered after a no more than \$39 copay

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

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.

VSP Choice Plan[®]

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.

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

Exam	\$45.00
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

Exam/Lens/Frame	12/12/24	12/12/12
Exam Copay / Materials Copay	\$10.00 / \$25.00	\$10.00 / \$25.00
Retail Frame Allowance	\$150.00	\$150.00
Elective Contact Lens Allowance	\$150.00	\$150.00
Standard Progressive Lenses	Covered in Full	Covered in Full
Member Only	\$7.54	\$9.36
Member + Spouse	\$15.10	\$18.70
Member + Child(ren)	\$16.14	\$20.00
Member + Family	\$25.80	\$31.96

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.