

VSP Choice Plan[®]

Created for UFCW National H&W Fund



The VSP Choice Plan is a 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 Cooper Vision.



\$1,000 savings on LASIK

Members can save up to \$1,000 on LASIK at Lasik**Plus**, NVISION Eye Center, 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 30%

Lens Enhancement	Single Vision	Multifocal
Anti-reflective coating	\$41	\$41
Polycarbonate - Adult	\$31	\$35
Polycarbonate - Children	Covered	Covered
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 bebe, Calvin Klein, Cole Haan, Dragon[®], Flexon[®], Longchamp, Nike 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

VSP Choice Plan[®]

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):** Member receives 15% off contact lens services.
- Prescription contact lens materials and services 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 Laser VisionCareSM Program

- **\$250** Per Eye Lifetime Maximum
- Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, and Custom LASIK

Discounts are only available from VSP-contracted facilities. Also custom LASIK coverage only available using wavefront technology, 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
Lenses:	
Single vision	\$ 30
Lined bifocal	\$ 50
Lined trifocal	\$ 65
Frame	\$ 70
Elective contact lenses (in lieu of lenses and frame)	\$ 105

Monthly Rates: Self Insured—ASP Rates (Administrative Fee + Projected Monthly Claim Cost)

Frequency

12/24/24

Exam/Lens/Frame Copay

\$10 Exam, \$20 Lens/Frame

Projected Monthly Claim Cost

\$6.77 Composite

Rate Details

Rates are based on 156 eligible employees, are valid until July 31, 2023. Coverage offered: 100% employer paid. Includes net of commission. Rates include any applicable taxes and health assessment fees known as of the date of the proposal.

VSP Choice Plan[®]

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.

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

The following items are excluded under this plan: plano lenses (lenses with refractive correction of less than $\pm .50$ 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.
