Eyecare Plans administered by Vision Service Plan Insurance Company (VSP)

Covered Services with a VSP Provider	Standard	Enhanced	Exam Plus	Signature Plan A	Signature Plan C
Available through these group plans	**PresElect**		**Value Care, Smart Care, and Advantage Care**		
Copayment	$10 for Exam	$10 for Exam $25 for Materials	$5 for Exam	$25 for Exam	$5 for Exam $10 for Materials
WellVision Exam**	every 12 months[1]	every 12 months[1]	every 24 months[1]	every 12 months[1]	every 12 months[1]
Lens Frequency	Not Applicable	every 24 months[1]	Not Applicable	every 24 months[1]	every 12 months[1]
Lenses • Single Vision • Bifocal • Trifocal	Not Applicable	Covered [2] Covered[2] Covered[2] - Polycarbonate lenses covered in full for dependent children	Not Applicable	Covered[2] Covered[2] Covered[2] - Polycarbonate lenses covered in full for dependent children	Covered[2] Covered[2] Covered[2] - Polycarbonate lenses covered in full for dependent children
Frame Frequency	Not Applicable	every 24 months[1]	Not Applicable	every 24 months[1]	every 12 months[1]
Frames *(A one time material copay applies to lenses and/or frames)*	Not Applicable	- $130 allowance for frame of your choice. - 20% discount on amounts exceeding the allowances	Not Applicable	- Covered up to $105* - 20% discount on amounts exceeding the allowances	
Elective Contact Lenses (in-lieu-of lens and frame benefits)	Not Applicable	- no copayment - $130 allowance for contacts and the contact lens exam (fitting and evaluation)	Not Applicable	- $110 allowance toward contact lens services (fitting and evaluation) and lenses	
Value Added Discounts	- Average 20-25% savings on all non-covered lens options. - 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision exam. - 15% off cost of contact lens exam (fitting and evaluation)		- 20% discount of doctors usual/ customary fees for prescription lenses when a complete pair of glasses is purchased - 15% discount off usual/customary fees for contact lenses.	- Up to 30% savings on lens extras such as scratch resistant, anti-reflective, and progressives. - 30% discount on additional complete set of prescription glasses and non-prescription sunglasses purchased same day; thereafter, 20% discount applies. - 15% discount off contact lens services (fitting and evaluation)	
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.				

1. Based on last date of service. 2. Basic lenses covered in full up to and including 60mm eyesize.

All vision benefits administered by Vision Services Plan (VSP) Insurance Company. VSP guarantees service from VSP Select Network doctors only. **To find a VSP doctor, view benefit descriptions, or for information on how to use your plan when seeing a provider other than a VSP doctor, visit vsp.com or call 1-800-877-7195.**

**Underwritten by Presbyterian Insurance Company, Inc. Please provide your Presbyterian ID# to the VSP Network doctor.

Vision Service Plan (VSP) Eyecare Rates

Group Sizes 2-50

Note: For Standard and Enhanced plans, please contact your Account Manager for pricing.

EXAM PLUS PLAN					
☐ Two Tier		☐ Three Tier		☐ Four Tier	
Single	$1.08	Single	$1.08	Single	$1.08
Family	$2.81	Double	$2.43	Double	$2.43
		Family	$3.02	EE + Child (ren)	$2.16
				Family	$3.10

SIGNATURE PLAN A					
☐ Two Tier		☐ Three Tier		☐ Four Tier	
Single	$ 4.56	Single	$ 4.56	Single	$ 4.56
Family	$11.88	Double	$10.27	Double	$10.27
		Family	$12.78	EE + Child (ren)	$ 9.12
				Family	$13.09

SIGNATURE PLAN C					
☐ Two Tier		☐ Three Tier		☐ Four Tier	
Single	$ 8.69	Single	$ 8.69	Single	$ 8.69
Family	$22.61	Double	$19.54	Double	$19.54
		Family	$24.32	EE + Child (ren)	$17.36
				Family	$24.91

Group Name: _____ Group #: _____

Signature: _____ Date: _____

Please select a vision option and submit completed form with your medical plan selection. Tier structure must match your medical plan structure. All employees and dependents enrolled in a Presbyterian medical plan will be enrolled with the VSP vision rider option selected.