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## VSP Vision Rates

The Policy provides full coverage for Covered Services when you go to a Participating Provider of the VSP® network. If Covered Services are provided by a Non-Participating Provider, charges will be paid, but not to exceed the following Schedule of Allowances.

Frequencies	Voluntary/Employer Sponsored	Co-pay	Retail Frame Allowance	Contact Lens Allowance	EE	ES	EC	EF
12:12:12	Employer Sponsored	\$10/\$25	\$150.00	\$150.00	\$8.72	\$15.25	\$14.99	\$21.64
12:12:24	Employer Sponsored	\$10/\$25	\$150.00	\$150.00	\$7.49	\$13.04	\$12.83	\$18.49
12:12:12	Employer Sponsored	\$10/\$25	\$200.00	\$200.00	\$9.35	\$18.65	\$19.75	\$28.59
12:12:24	Employer Sponsored	\$10/\$25	\$200.00	\$200.00	\$8.55	\$15.74	\$16.45	\$22.58
12:12:12	Voluntary	\$10/\$25	\$150.00	\$150.00	\$10.95	\$20.15	\$19.80	\$28.59
12:12:24	Voluntary	\$10/\$25	\$150.00	\$150.00	\$9.25	\$17.22	\$16.95	\$24.43
12:12:12	Voluntary	\$10/\$25	\$200.00	\$200.00	\$11.52	\$21.22	\$23.45	\$36.35
12:12:24	Voluntary	\$10/\$25	\$200.00	\$200.00	\$9.89	\$17.85	\$18.97	\$27.82

	Participating Provider	Non-Participating Provider
Comprehensive Examination	Covered	Up to \$45.00
Single Vision Lenses	Covered	Up to \$30.00
Bifocal Lenses	Covered	Up to \$50.00
Trifocal Lenses	Covered	Up to \$65.00
Lenticular Lenses	Covered	Up to \$125.00
Frame Retail Allowance*	Up to Plan Allowance	Up to \$70.00
Contact Lenses **	Covered Up to Plan Allowance	Up to \$210.00
Visually Necessary		
Cosmetic or Convenience		Up to \$105.00

### SUMMARY OF VISION BENEFITS

**Co-pay:** \$10 / \$25

**Comprehensive Vision Exam:** Varies by Plan

**Lenses:**\* One pair every (varies by plan) months

**Frame:** One frame every (varies by plan) months

**Contact Lenses:**\* One pair every (varies by plan) months

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### Included Lens Enhancements

Standard Progressives:	Covered in Full
Premium/Custom Progressives:	\$95-\$175
Anti-Reflective:	\$41
Photochromics:	\$75
Scratch Coating:	\$17
Polycarbonate:	\$31
Polycarbonate for Dependents:	Covered in Full

### Extra \$20 Allowance

On Featured Frame Brands+ like bebe, Calvin Klein, Cole Haan, Dragon®, Flexon®, Lacoste, Nike and more.

Underwritten By:



**This is a brief outline of the plan and is not to be accepted or construed as a substitute for the provisions of the contract.**

\* Participating Providers allow a selection of frames that retail up to \$(varies by plan) with lenses that fit an eyesize less than 61 millimeters. If a more expensive frame is selected, you are responsible for the additional cost above \$(varies by plan). If the lenses received are 61 millimeters or above, the charge for the oversize lenses is your responsibility.

\*\* This benefit is in addition to the comprehensive vision examination, but in lieu of lenses and frame. If contact lenses are for cosmetic or convenience purposes, the Policy will pay up to \$(varies by plan) toward the contact lens evaluation, fitting costs and materials. Any balance is your responsibility. If contact lenses are visually necessary, they are a fully covered benefit. Approval from VSP is required. Please refer to your Policy if you require additional information.

\*\*\*For Dependent Children through age 18

**Discounts:**

Members save an average of 30% towards non-covered lens enhancements, such as tints, coatings and other add-on charges to standard lenses, after Covered Services are rendered. The discount may be applied to charges for the frame over the stated allowances. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of vision exam. To determine whether a provider offers the 20% discount, an insured individual can review their Participating Provider Directory, call VSP Member Services at 800.877.7195 or visit [www.vsp.com](http://www.vsp.com). Discounts are available through TLCVision for conventional and custom LASIK procedures with the TLCVision Advantage Program.

**LIMITATIONS:** Contact Lenses and fitting except as specifically provided; Eyewear when there is no prescription change, except when benefits are otherwise available; Non-standard lenses, including, but not limited to; Progressive, Photochromic, hi-index, Polycarbonate, occupational lenses, beveled, faceted, coated or oversize; Tints other than pink or rose #1 or #2, except as specifically provided; Two pair of glasses in lieu of bifocals, unless prescribed; New-patient intermediate examinations. When an Enrollee selects a different provider to perform the intermediate examination, the Enrollee will be responsible for the difference between the intermediate examination allowance and the comprehensive examination allowance. To maximize benefits, the patient should return to the original provider; Non-prescription (Plano) eyewear, except when specifically covered.

**EXCLUSIONS:** Any covered services provided by another vision plan; Conditions covered by Workers' Compensation; Contact lens insurance or care kits; Frame cases; Covered Services which began prior to the Enrollee's effective date or after benefits have been terminated; Charges for which the Enrollee is not legally obligated to pay; Covered Services required by any government agency or program federal, state or subdivision thereof; Covered Services obtained from a Non-Participating Provider; Medical or Surgical treatment of the eyes; Orthoptics, vision training or Subnormal or Low Vision Aids; Services that are Experimental or Investigational in nature; Lenses or frames which are lost, stolen or broken will not be replaced, except when benefits are otherwise available.

Employer sponsored plans require a minimum of five (5) enrolled employees with a 50% employer contribution towards the employee-only cost and a minimum of 75% participation of all eligible employees or 100% of the dental enrollment. Voluntary plans require a minimum of ten (10) enrolled employees or 20%. The Cypress Vision Plan is administered by VSP and is underwritten by the Gerber Life Insurance Company of White Plains, NY.

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

VSP is a registered trademark of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.