

## **VISION SERVICE PLAN**

Benefit Outline Prepared for  
d. Diversified Services

<b><u>BENEFITS:</u></b>	Examination	Once every 12 months
	Lenses	Once every 12 months
	Frames	Once every 12 months

<b><u>COPAYMENT:</u></b>	Exam	\$20.00
	Materials	\$20.00

	<b><u>Services form a VSP Participating Provider</u></b>	<b><u>Service form a Non-Participating Provider</u></b>
<b>Examination</b>	Paid-in-full	up to \$35.00
<b>Single Vision Lenses</b>	Paid-in-full	up to \$25.00
<b>Bifocal Lenses</b>	Paid-in-full	up to \$40.00
<b>Trifocal Lenses</b>	Paid-in-full	up to \$55.00
<b>Lenticular Lenses</b>	Paid-in-full	up to \$80.00
<b>Tint</b>	Paid-in-full	up to \$ 5.00
<b>Frame</b>	A wide selection of attractive Frames are covered in full	up to \$45.00
<b>Contact Lenses</b> (Instead of spectacle lenses and frame)		
<b>Necessary</b>	Paid-in-full	up to \$210.00
<b>Elective</b>	up to \$105.00	up to \$105.00

When you want to obtain vision care services, call a VSP participating provider to make an appointment. For details on how you locate a VSP Participation Provider, contact your benefits representative or call VSP at (800) 877-7195 to request a Participating Provider listing. Make sure you identify yourself as a VSP member, and be prepared to provide the employee's social security number. The VSP participating provider will contact VSP to verify your eligibility and plan coverage, and will also obtain authorization for services and materials. If you are not currently eligible for services, the VSP participating provider is responsible for communicating this to you. VSP will pay the participating provider directly for covered services and materials.

Services and materials obtained from a non-participating provider will be reimbursed up to amounts on the above schedule. If you receive an examination and/or materials from a non-participating provider, you are responsible for paying the provider in full, and submitting itemized receipts to VSP for reimbursement at:

3333 Quality Drive,  
Rancho Cordova, CA 95670

It is important to note that the reimbursement schedule does not guarantee full payment.

- When an examination and/or materials are received from a VSP participating provider, the patient will have no out-of-pocket expense other than the co-payment, unless optional items are selected. Optional items include, but are not limited to, oversize lenses (61mm or larger), coated lenses, no-line multi-focal lenses, treatments for cosmetic reasons or a frame that exceeds the wholesale allowance.
- VSP's frame benefit fully covers over half of the 42,000 frames currently available. Due to this large selection and the fact that buying habits and tastes differ from one region to the next, frame inventories may vary from office to office. When deciding on a frame, members should ask their doctors which ones are covered in full.

THIS IS ONLY A SUMMARY  
FOR FURTHER INFORMATION, SEE YOUR EMPLOYER'S BENEFIT REPRESENTATIVE  
VISION SERVICE PLAN CUSTOMER SERVICE (800) 877-7195  
Visit our web site at <http://www.vsp.com>

