

# VSP Signature Plan<sup>SM</sup>

## VSP Rates Presented to: Meritain Health (Applying HC Systems)



### VSP Promise

Committed to Eye Health & Wellness  
100% Satisfaction Guaranteed  
Hassle-free Experience  
Privacy & Security  
Industry Benchmark of Quality

### Choice & Convenience

Unrestricted Benefits  
Open Access to Any Eyecare Location  
Choice of Any Eyewear Brand  
Retail & Medical Office Locations

### Service

50+ Years of Experience  
Dedicated Client Account Teams  
Operational Stability  
World Class Call Center  
IVR Available 24/7  
Online Client Resources & Tools  
Member Communications Support

### VSP Preferred Providers

48,000 Access Points Nationwide  
One-Stop Shopping  
Evening & Weekend Hours  
Wholesale Frame Allowance  
Guarantee  
Average 21 Years in Practice

### Enhanced Benefits

Eye Health Management Program<sup>®</sup>  
Cost-controlled Lens Options  
Discounts on Laser Vision Correction &  
Additional Glasses  
Preferred Pricing on Select Contacts

VSP Preferred Provider		Open Access Schedule	
WellVision Exam <sup>®</sup>	Covered After Copay	Eye Exam	\$50
<b>Lenses:</b>		<b>Lenses:</b>	
Single Vision	Covered After Copay	Single Vision	\$50
Lined Bifocal	Covered After Copay	Lined Bifocal	\$75
Lined Trifocal	Covered After Copay	Lined Trifocal	\$100
<b>Frame</b>	\$130	<b>Frame</b>	\$70
<b>Elective Contact Lenses*</b>	\$130	<b>Elective Contact Lenses*</b>	\$105

\* If you choose contact lenses, you will be eligible for a frame 12 months from the date the contact lenses were obtained.

VSP Signature Plan	Exam	Lenses	Frame
Enhanced Plan B	12 Months	12 Months	24 Months

### Risk (Fully Insured)

Copay	Composite Rate	4-Tier Rates
\$10.00 Exam \$25.00 Materials	\$13.22	\$6.60 / \$13.22 / \$14.14 / \$22.60

The above rates are based on 1,000 eligible members and are effective 7/1/13.

**Rates Guaranteed through 12/31/15**



# Your Vision Benefits Applying Healthcare System

## Vision care: Part of any balanced healthcare picture.

To lead your busy life, you need to protect your vision, so your benefit plan includes eye care. Visit any vision care provider and pay for your care at the time you receive it.

Vision Benefits	VSP Network	Out-of-Network
<b>Deductibles</b>	\$10 exam	\$10 exam
<b>Annual eye exam</b>	\$25 Eye glass lenses or frames* Covered in full	\$25 Eye glass lenses or frames* Up to \$52
<b>Lenses (per pair)</b>		
Single vision	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$95
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	N/A
<b>Contacts</b>		
Fit & Follow up exams	15% discount	No benefit
Elective	Up to \$130	Up to \$105
Medically necessary	Covered in full	Up to \$210
<b>Frames</b>	\$130	Up to \$70
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/24 (based on date of service)	12/12/24 (based on date of service)
Lens Options (member cost)**	VSP Network	Out-of-Network
<b>Progressive lenses</b>	\$50–\$160	No benefit
<b>Std. Polycarbonate</b>	Covered in full for dependent children \$23–\$28 for adults	No benefit
<b>High-luster edge polish</b>	\$14	No benefit
<b>Solid plastic dye</b>	\$13 (except Pink I & II)	No benefit
<b>Plastic gradient dye</b>	\$15	No benefit
<b>Photochromatic lenses</b> (Glass and plastic)	\$29–76	No benefit
<b>Scratch-resistant coating</b>	\$15–\$29	No benefit
<b>Anti-reflective coating</b>	\$37–\$75	No benefit
<b>Ultraviolet coating</b>	\$10–15	No benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail	No benefit

\* Deductible applies to a complete pair of glasses or to frames, whichever is selected

\*\*Lens option member costs vary by prescription and plan chosen.

For more information, please call VSP at 1.800.877.7195,  
or visit them online at [www.vsp.com](http://www.vsp.com).



An Aetna Company

[www.myMERITAIN.com](http://www.myMERITAIN.com)