

## VISION PLAN COMPARISON CHART — REFLECTS WHAT YOU PAY WHEN USING A VSP PROVIDER

| COVERED BENEFIT   | LOW OPTION  | HIGH OPTION  |
|---|---|--|
| <b>Copay</b>  | \$15 exam / \$25 materials  | \$0 exam / \$10 materials  |
| <b>WellVision Exam*</b>   | Covered in full after copay   | Covered in full after copay  |
| <b>Glass or plastic, single vision, lined bifocal, lined trifocal or lenticular prescription lenses</b> | Covered in full after copay   | Covered in full after copay<br>Tints and photochromics are covered lens options                                |
| <b>Lens Options</b>   | Guaranteed pricing on the most popular lens options, saving members an average of 20 – 25%  |  |
| <b>Frames</b>   | Frames covered in full, up to the retail allowance of \$130<br><br>20% off any amount above the allowance*  | Frames covered in full, up to the retail allowance of \$180<br><br>20% off any amount above the allowance*     |
| <b>Contact Lenses (in lieu of glasses)</b>  | Elective contacts up to \$125 allowance<br><br>Up to \$60 copay for contact lens exam (fitting and evaluation)  | Elective contacts up to \$150 allowance<br><br>Up to \$60 copay for contact lens exam (fitting and evaluation) |
| <b>Laser VisionCare<sup>SM</sup> Program</b>  | Average 15% off or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK**  |  |
| <b>Value-added Benefits</b>   | 20% off unlimited additional pairs of prescription glasses and non-prescription sunglasses valid through any VSP Preferred Provider within 12 months of last exam |  |
| <b>Frequency</b>  | Exam every 12 months<br><br>Lenses every 12 months<br><br>Frames every 24 months  | Exam every 12 months<br><br>Lenses every 12 months<br><br>Frames every 12 months                               |

| COVERAGE LEVEL           | LOW OPTION | HIGH OPTION |
|--------------------------|------------|-------------|
| Team Member Only         | \$3.27     | \$5.42      |
| Team Member + Spouse     | \$6.52     | \$10.86     |
| Team Member + Child(ren) | \$6.98     | \$11.61     |
| Family                   | \$11.15    | \$18.54     |