

Plan 1: Focus® Plan Summary

Policy# 350848 Effective Date: 1/1/2019

| | VSP Choice Network + Affiliates | Out of Network |
|-----------------------------|--|---|
| Deductibles | \$10 Exam \$0 Eye Glass Lenses or Frames* | \$10 Exam \$0 Eye Glass Lenses or Frames |
| Annual Eye Exam | Covered in full | Up to \$45 |
| Lenses (per pair) | | |
| Single Vision | Covered in full | Up to \$30 |
| Bifocal | Covered in full | Up to \$50 |
| Trifocal | Covered in full | Up to \$65 |
| Lenticular | Covered in full | Up to \$100 |
| Progressive | See lens options | NA |
| Contacts | | |
| Fit & Follow Up Exams | Member cost up to \$60 | No benefit |
| Elective | Up to \$150 | Up to \$120 |
| Medically Necessary | Covered in full | Up to \$210 |
| Frames | \$150** | Up to \$70 |
| Frequencies (months) | | |
| Exam/Lens/Frame | 12/12/12 Based on date of service | 12/12/12 Based on date of service |

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

**The Costco allowance will be the wholesale equivalent.

Lens Options (member cost)*

| | VSP Choice Network + Affiliates (Other than Costco) | Out of Network |
|--|--|--------------------------------|
| Progressive Lenses | Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge. | Up to Lined Bifocal allowance. |
| Std. Polycarbonate | Covered in full for dependent children \$33 adults | No benefit |
| Solid Plastic Dye | \$15 (except Pink I & II) | No benefit |
| Plastic Gradient Dye | \$17 | No benefit |
| Photochromatic Lenses (Glass & Plastic) | \$31-\$82 | No benefit |
| Scratch Resistant Coating | \$17-\$33 | No benefit |
| Anti-Reflective Coating | \$43-\$85 | No benefit |

*Lens Option member costs vary by prescription, option chosen and retail locations.

LASIK Advantage®

LASIK Advantage provides coverage for LASIK and related procedures, including standard LASIK, Custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK). Members earn a lifetime benefit per eye over time. The benefit amount increases over time, with the highest coverage provided at year three or four. Members earn benefits for each eye and may not combine benefits earned for each eye to pay for a covered procedure for a single eye. If a member enrolls after the initial enrollment period, they must wait 12 months from enrollment to be eligible for coverage; after 12 months the member will begin coverage at the year-one benefit. The LASIK Advantage benefit is available to members age 18 and older. Adult and child coverage is allowed - adult only and child only coverage are not. There is no network tied to this coverage.

| | |
|--------------------------------|----------------------------------|
| Lifetime Benefit Earned | One Time Lifetime Benefit |
| | \$150 per eye |

Monthly Rates

| | |
|-----------------------------------|---------|
| Employee Only (EE) | \$8.12 |
| EE + Spouse | \$14.24 |
| EE + Children | \$15.88 |
| EE + Spouse & Children | \$22.00 |