



BlueVisionSM 2017

VSP Signature Plan[®] & Choice Plan[®]

Below is a summary of benefits available with the VSP Signature and Choice Plans through VSP Preferred Providers. We've contracted with Costco[®] Optical, Visionworks, and other high quality retail chains as affiliate providers. Whether your employees choose a preferred or affiliate provider, they will receive a covered in full benefit experience.



	Benefits through a VSP Preferred Provider or Retail affiliate provider	
	VSP Signature Plan	VSP Choice Plan
Providers	VSP Network <ul style="list-style-type: none"> • 34,000 VSP Preferred Providers • 71,000 access points • More than 600 Visionworks locations, approximately 400 Costco[®] Optical locations, and additional affiliate locations 	Choice Network <ul style="list-style-type: none"> • 34,000 VSP Choice Preferred Providers • 71,000 access points • More than 600 Visionworks locations, approximately 400 Costco[®] Optical locations, and additional affiliate locations
Exam Services	Thorough VSP WellVision Exam [®] covered in full ¹	✓
	Contact lens exam (fitting and evaluation): Standard & Premium fit: Member receives 15% off of contact lens exam services	✓
	Guaranteed pricing, ensuring that members won't pay more than \$39 for a routine retinal screening at a VSP Preferred Provider	✓
Lenses	Glass or plastic, single vision, lined bifocal, lined trifocal, or lenticular prescription lenses are covered in full ¹	✓
Lens Options	Most popular lens options are covered in full with a copay, saving our members an average of 35-40% ² Patient cost: ^{2,3}	Most popular lens options ⁴ are covered in full with a copay, saving our members an average of 20-25% ² Patient cost: ^{2,3}
	Progressive lenses: \$50 to \$160 copay	Progressive lenses: \$55 to \$175 copay
	Anti-reflective: \$37 copay	Anti-reflective: \$41 copay
	Photochromic lenses: \$62 to \$76 copay	Photochromic lenses: \$70 to \$82 copay
	Scratch resistant coating: \$15 copay	Scratch resistant coating: \$17 copay
Polycarbonate lenses: \$23 to \$28 copay	Polycarbonate lenses: \$31 to \$35 copay	
	Dependent children are eligible for covered in full polycarbonate prescription lenses	✓
Frame	Frames are covered in full ¹ up to the retail allowance	✓
	Extra \$20 on featured brands like bebe [®] , ck Calvin Klein, Flexon, Lacoste, Michael Kors, Nike, Nine West and more.	✓
	20% off any amount above the allowance ²	✓
	30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses ^{2,5}	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses ^{2,6}

	VSP Signature Plan	VSP Choice Plan																																				
Contact Lenses	Instead of eyeglasses, elective contact lens materials are covered up to plan allowance and applied toward any type of prescription contact lenses	✓																																				
	Necessary contact lenses are covered in full ¹ for members who have specific conditions for which contact lenses provide better visual correction Members may use their open access schedule at Retail affiliate providers	✓																																				
	Exclusive offers and discounts for BlueVision members at a VSP Preferred Provider	✓																																				
Laser VisionCareSM Program	Provides additional coverage through medical diagnosis and procedure codes specifically targeted toward members with diabetic eye disease, glaucoma or age-related macular degeneration	✓																																				
Laser VisionCareSM Program Eye Health Management Program[®]	Discounts averaging 15-20% off or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK ⁸	✓																																				
	Includes member materials and data that supports your wellness initiatives	✓																																				
Open Access Schedule	<table> <tr><td>Eye Exam:</td><td>\$50</td></tr> <tr><td>Single Vision:</td><td>\$50</td></tr> <tr><td>Lined Bifocal:</td><td>\$75</td></tr> <tr><td>Lined Trifocal:</td><td>\$100</td></tr> <tr><td>Lenticular:</td><td>\$125</td></tr> <tr><td>Progressive:</td><td>\$75</td></tr> <tr><td>Frame:</td><td>\$70</td></tr> <tr><td>Elective Contact Lenses:</td><td>\$105</td></tr> <tr><td>Medically Necessary Contact Lenses:</td><td>\$210</td></tr> </table>	Eye Exam:	\$50	Single Vision:	\$50	Lined Bifocal:	\$75	Lined Trifocal:	\$100	Lenticular:	\$125	Progressive:	\$75	Frame:	\$70	Elective Contact Lenses:	\$105	Medically Necessary Contact Lenses:	\$210	<table> <tr><td>Eye Exam:</td><td>\$45</td></tr> <tr><td>Single Vision:</td><td>\$30</td></tr> <tr><td>Lined Bifocal:</td><td>\$50</td></tr> <tr><td>Lined Trifocal:</td><td>\$65</td></tr> <tr><td>Lenticular:</td><td>\$100</td></tr> <tr><td>Progressive:</td><td>\$50</td></tr> <tr><td>Frame:</td><td>\$70</td></tr> <tr><td>Elective Contact Lenses:</td><td>\$105</td></tr> <tr><td>Medically Necessary Contact Lenses:</td><td>\$210</td></tr> </table>	Eye Exam:	\$45	Single Vision:	\$30	Lined Bifocal:	\$50	Lined Trifocal:	\$65	Lenticular:	\$100	Progressive:	\$50	Frame:	\$70	Elective Contact Lenses:	\$105	Medically Necessary Contact Lenses:	\$210
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¹ Less any applicable copay.

² Costco[®] Optical prices already include discounts.

³ Prices shown reflect the standard option price, prices on premium options may vary. Prices are valid only through VSP Preferred Providers and are subject to change without notice.

⁴ Most popular lens options include progressives, anti-reflective, photochromics, scratch resistant coating, polycarbonate, plastic dyes, and UV protection. All other lens options also available at 20% off.

⁵ 30% discount applies to glasses purchased the same day as the member's eye exam from the same VSP Preferred Provider who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP Preferred Provider within 12 months of the last covered eye exam.

⁶ Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP Preferred Provider within 12 months of the last covered eye exam.

⁷ Subject to change.

⁸ Using wavefront technology with the microkeratome surgical device only. Other LASIK procedures may be performed at an additional cost to the member. Laser VisionCare discounts are only available from VSP-contracted facilities.



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