

Created for Stanadyne Operating Company LLC

The VSP Choice Plan is a full-service plan that offers choice, flexibility, and maximum value through a VSP Network Provider.



Save up to \$3,000

With Exclusive Member Extras, members can save more than \$3,000 with special offers and deals through VSP and other leading industry brands.



Get up to \$250 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands like Bausch + Lomb.



\$1,000 savings on LASIK

Members can save up to \$1,000 on LASIK at LasikPlus, NVISION Eye Center, TLC Laser Eye Centers and The LASIK Vision Institute.

[LEARN MORE. VISIT VSP.COM/OFFERS](http://VSP.COM/OFFERS)

Benefits Through a VSP Network Provider

Exam Services

- Comprehensive WellVision Exam® covered in full*
- Routine retinal screening covered after a no more than \$39 copay

Lenses

- Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full*

Lens Enhancements

- Lens enhancements are covered in full after a copay, saving our members an average of 30%

Lens Enhancement	Single Vision	Multifocal
Anti-reflective coating	\$41	\$41
Polycarbonate - Adult	\$35	\$35
Polycarbonate - Children	Covered	Covered
Standard* Progressive	N/A	Covered
Photochromic	\$75	\$75
Scratch-resistant coating	\$17	\$17

Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost

Frame

- Frames covered in full* up to the retail allowance of **\$150**
- Members who select a featured frame brand, including bebe, Calvin Klein, Cole Haan, Dragon, Flexon, Longchamp, Nike and more, will receive an extra \$20 toward their frame allowance
Featured frame brands subject to change
- 20% off any amount above the retail allowance
- Members can choose from all frames available on the market today

Additional Pairs of Glasses

- Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

VSP Choice Plan®

Elective Contact Lenses	<ul style="list-style-type: none">Contact lens exam (fitting and evaluation): Standard and Premium fits are covered in full after copay. Member receives 15% off of contact lens exam services and member's copay will never exceed \$60Prescription contact lens materials are covered in full up to the retail allowance of \$150 (in lieu of frame & lenses)Members can choose from any available prescription contact lens materials														
Essential Medical Eye Care	<ul style="list-style-type: none">Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs\$20 exam copay														
Low Vision	<ul style="list-style-type: none">Pre-approved low vision supplemental testing covered every two years75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years														
VSP Laser VisionCareSM Program	<ul style="list-style-type: none">Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, Custom LASIK, SMILE, Contoura, or other FDA approved laser vision correction procedures <p><i>Discounts are only available from VSP-contracted facilities.</i></p>														
Out-of-Network Schedule	We offer a generous reimbursement schedule for services from other providers														
	<table><tbody><tr><td>Exam</td><td>\$ 45</td></tr><tr><td>Lenses:</td><td></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>Frame</td><td>\$ 70</td></tr><tr><td>Elective contact lenses (in lieu of lenses and frame)</td><td>\$ 105</td></tr></tbody></table>	Exam	\$ 45	Lenses:		Single vision	\$ 30	Lined bifocal	\$ 50	Lined trifocal	\$ 65	Frame	\$ 70	Elective contact lenses (in lieu of lenses and frame)	\$ 105
Exam	\$ 45														
Lenses:															
Single vision	\$ 30														
Lined bifocal	\$ 50														
Lined trifocal	\$ 65														
Frame	\$ 70														
Elective contact lenses (in lieu of lenses and frame)	\$ 105														

VSP Choice Plan®

Monthly Rates: Fully Insured—Risk Rates

Plan Option	Better
Frequency	12/12/24
Frame Allowance	\$150/150
Plan Enhancement	Enhanced Feature Frame + \$50
Exam/Lens/Frame Copay	\$10/25
Employee Only	\$4.41
Employee + One or Spouse	\$8.82
Employee + Child(ren)	\$9.43
Employee + Family	\$15.08

Rate Details

Rates are based on 507 eligible employees, are guaranteed for four years, and are valid until 12/31/2029. Coverage offered: 50% employer paid. Includes 10% flat commission. Rates include any applicable taxes and health assessment fees known as of the date of the proposal.

Disclaimers and Exclusions

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location. Benefits may also vary at participating retail chains.

Promotions like special offers and rebates are continually evaluated and subject to change without notice. Promotions and featured frame brands do not apply at Sam's Club or Walmart Optical.

The following items are not covered under this plan: plano lenses (lenses with refractive correction of less than $\pm .50$ diopter), two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.

The following items are not covered as contact lens benefits: insurance policies or service agreements; Refitting of contact lenses after the initial (90-day) fitting period, artistically painted or non-prescription lenses; additional lens pathology; contact lens modification, polishing or cleaning.

Please read your Schedule of Benefits for details regarding the exclusions and limitations of your coverage. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.