

Univeristy Health Plan and VSP provide you with an affordable eyecare plan. Sign up for VSP!

VSP Coverage Effective.....September 1, 2009

**Your Coverage from a VSP Doctor**

**WellVision Exam®** focuses on your eye health and overall wellness

- \$10.00 copay .....every 12 months

**Prescription Glasses**

- \$25.00 copay

Lenses .....every 12 months

- Single vision, lined bifocal, and lined trifocal lenses
- Polycarbonate lenses for dependent children

Frame .....every 12 months

- \$120.00 allowance for frame of your choice
- 20% off the amount over your allowance

-OR-

**Contact Lens Care**

- No copay .....every 12 months

\$130.00 allowance for contacts and the contact lens exam (fitting and evaluation).

Current soft contact lens wearers may qualify for a special program that includes a contact lens evaluation and initial supply of replacement lenses.

**Extra Discounts and Savings**

**Glasses and Sunglasses**

- Average 20-25% savings on all non-covered lens options
- 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam

**Contacts**

- 15% off cost of contact lens exam (fitting and evaluation)

**Laser Vision Correction**

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

**Your Contribution**

**Student Only** ..... \$115.00  
**Student + Family**..... \$325.00

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider, call us at 800.877.7195 for more details.

**Out-of-Network Reimbursement Amounts:**

Exam ..... Up to \$51.00  
Single vision lenses..... Up to \$30.00  
Lined bifocal lenses..... Up to \$46.00  
Lined trifocal lenses..... Up to \$62.00  
Frame ..... Up to \$38.25  
Contacts ..... Up to \$100.00

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.