

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

Enrollment Deadline.....August 15, 2010

VSP Coverage Effective.....September 1, 2010

Your Coverage with a VSP Doctor

WellVision Exam[®] focuses on your eye health and overall wellness

- \$10.00 copayevery 12 months

Prescription Glasses

- \$25.00 copay

Lenses.....every 12 months

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

Frameevery 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 exam 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 \$125.00

Student + Family \$353.00

Your Coverage with Other Providers

If you see a provider other than a VSP doctor, your coverage is listed below. You have 6 months to submit a claim to VSP for reimbursement. Visit vsp.com for details.

ExamUp to \$51.00

Single vision lenses.....Up to \$30.00

Lined bifocal lenses.....Up to \$46.00

Lined trifocal lensesUp to \$62.00

FrameUp to \$38.25

ContactsUp 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.