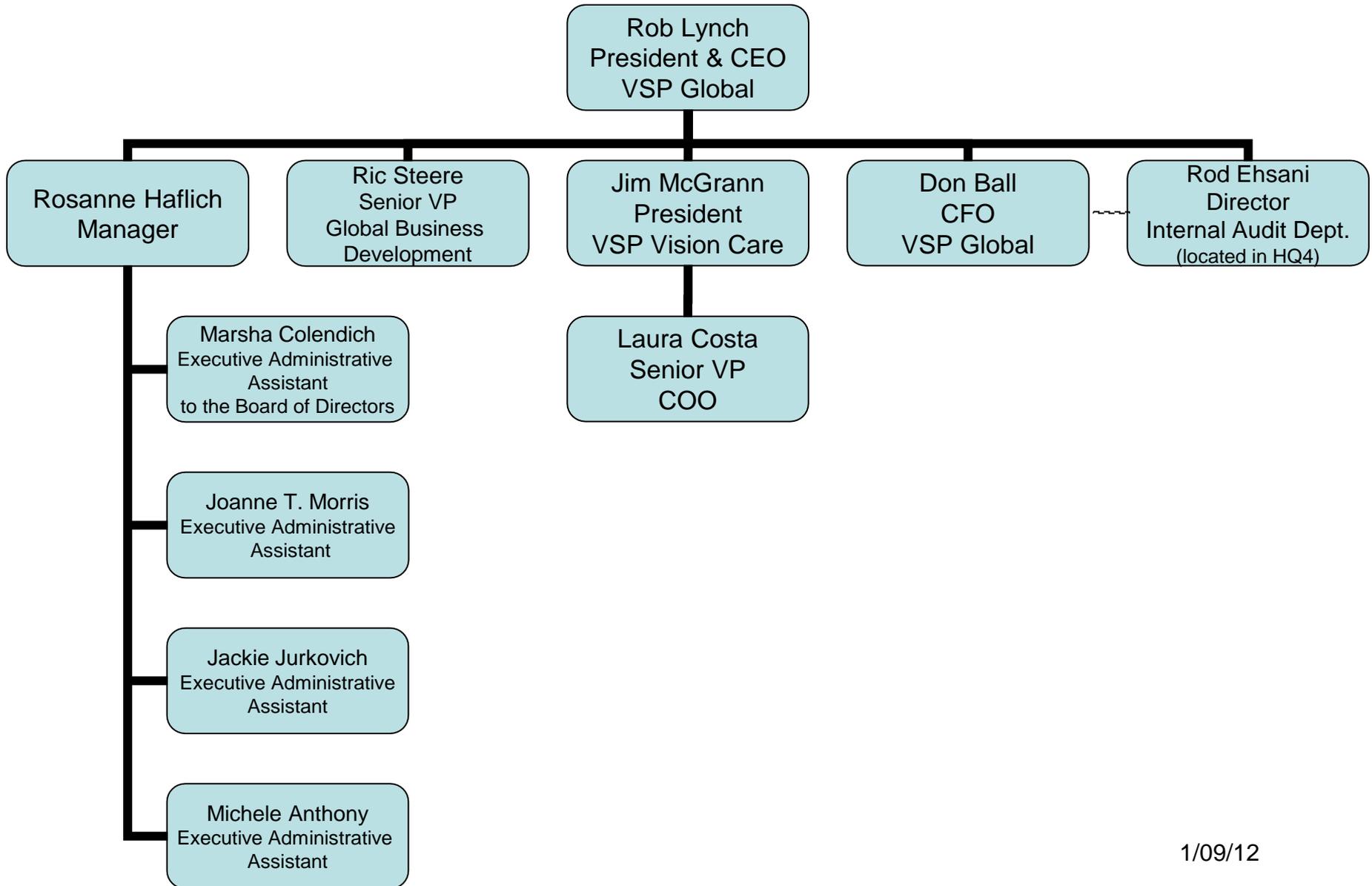


VSP Executive Department



VSP Providers by City

City	State	# of doctors
Anchorage	AK	39
Eagle River	AK	3
Fairbanks	AK	13
Homer	AK	2
Juneau	AK	8
Kenai	AK	2
Ketchikan	AK	4
Kodiak	AK	4
Palmer	AK	1
Petersburg	AK	1
Seward	AK	1
Sitka	AK	1
Soldotna	AK	1
Wasilla	AK	16



The VSP Signature Plan is a premier full-service plan that offers choice, flexibility, and maximum value through a VSP Preferred Provider. We also have arrangements with high quality retail chains as affiliate providers¹. Whether your employees choose a preferred or affiliate provider, they will receive a covered-in-full benefit experience.

Provider Choices	<p>VSP Preferred Providers</p> <ul style="list-style-type: none"> VSP has 49,000 access points nationwide. VSP preferred providers are located in retail, neighborhood, medical and professional settings. <p>Retail Chain Affiliate Providers¹</p> <ul style="list-style-type: none"> VSP contracts with Costco[®] Optical, Eye Care Centers of America, Inc.[™], and other high quality retail chains. <p>Other Providers</p> <ul style="list-style-type: none"> We also have a direct pay or assignment of benefits arrangement with Walmart[®] Vision Center and Sam's Club[®] Optical Center Members have the freedom to choose any provider, national retailer, or local retail chain. 																	
Benefits through a VSP Preferred Provider¹																		
Exam Services – Every July \$10 Exam Copay	<p>Comprehensive WellVision Exam[®] covered-in-full after copay</p> <p>Routine retinal screening guaranteed pricing, not to exceed \$39</p>																	
Lenses – Every July \$25 Materials Copay	Glass or plastic:	<p>Single vision</p> <p>Lined bifocal</p> <p>Lined trifocal</p> <p>Lenticular</p>	<p>Covered-in-full</p> <p>Covered-in-full</p> <p>Covered-in-full</p> <p>Covered-in-full</p>															
Lens Options	<p>The most popular lens options are covered-in-full with a copay, saving our members an average of 35-40%. Below are in-network lens options that are covered in full.</p> <table border="1"> <thead> <tr> <th><i>Patient Option</i></th> <th><i>Single Vision</i></th> <th><i>Multifocal</i></th> </tr> </thead> <tbody> <tr> <td>Anti-reflective coating</td> <td>Covered in Full</td> <td>Covered in Full</td> </tr> <tr> <td>Polycarbonate</td> <td>Covered in Full</td> <td>Covered in Full</td> </tr> <tr> <td>Progressive</td> <td>Covered in Full</td> <td>Covered in Full</td> </tr> <tr> <td>Scratch-resistant coating</td> <td>Covered in Full</td> <td>Covered in Full</td> </tr> </tbody> </table>			<i>Patient Option</i>	<i>Single Vision</i>	<i>Multifocal</i>	Anti-reflective coating	Covered in Full	Covered in Full	Polycarbonate	Covered in Full	Covered in Full	Progressive	Covered in Full	Covered in Full	Scratch-resistant coating	Covered in Full	Covered in Full
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Frame – Every other July \$25 Materials Copay	<ul style="list-style-type: none"> Frames covered-in-full after copay up to the retail allowance of \$130 20% off any amount above the retail allowance Members can choose from virtually any frame on the market 																	
Sunglasses	Members who've had laser surgery can use frame benefit for non-prescription sunglasses																	
Elective Contact Lenses – Every July (in lieu of lenses and a frame)	<ul style="list-style-type: none"> Prescription contact lens materials and contact lens exam covered-in-full up to the retail allowance of \$105 (in lieu of frame & lenses) Members can choose from any available prescription contact lens materials 																	
Necessary Contact Lenses	Covered-in-full after copay for members who have specific conditions																	
Additional Pairs of Glasses	30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses ²																	
VSP Laser VisionCareSM Program	Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, and Custom Lasik ³																	



Low Vision	<ul style="list-style-type: none"> • Pre-approved low vision supplemental testing covered every two years • 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years 														
Eye Health Management Program[®]	<ul style="list-style-type: none"> • VSP collects HIPAA-compliant patient condition data and shares it with your health plan or disease management vendor • ICD-9 code-based reporting of certain chronic conditions supports your disease management efforts • Exam reminder letters sent to VSP members with certain conditions who have not had an eye exam in 14 months 														
Open Access Schedule	<p>We offer a generous reimbursement schedule for services from other providers</p> <table> <tr> <td>Exam</td> <td>\$45</td> </tr> <tr> <td>Lenses:</td> <td></td> </tr> <tr> <td> Single vision</td> <td>\$45</td> </tr> <tr> <td> Lined bifocal</td> <td>\$65</td> </tr> <tr> <td> Lined trifocal</td> <td>\$85</td> </tr> <tr> <td>Frame</td> <td>\$47</td> </tr> <tr> <td>Elective contact lenses (in lieu of lenses and frame)</td> <td>\$105</td> </tr> </table>	Exam	\$45	Lenses:		Single vision	\$45	Lined bifocal	\$65	Lined trifocal	\$85	Frame	\$47	Elective contact lenses (in lieu of lenses and frame)	\$105
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Rate Details	Rates are based on 2,227 eligible employees, are guaranteed for three years and are valid until June 30, 2016. Coverage offered: Voluntary. Net of commissions.														

Exclusions

The following items are excluded under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing. Items not covered under the contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; contact lens modification; polishing or cleaning.

¹ Affiliate provider arrangement upon request. Benefits vary at affiliate locations.
² 30% discount applies to glasses purchased the same day as the member's eye exam from the same VSP provider who provided the exam. Members also receive 20% off unlimited additional pairs of glasses valid through any VSP provider within 12 months of the last covered eye exam.
³ Custom Lasik coverage only available using wavefront technology with the microkeratome surgical device. Other Lasik procedures may be performed at an additional cost to the member. Laser VisionCare discounts are only available from VSP-contracted facilities