VSP Choice Plan®

Carleton College



The VSP Choice Plan is a full-service plan that offers low costs, a focus on health, and choice of providers.

Lowest Out-of-Pocket Costs for You

VSP saves you money with the following through VSP Choice Preferred Providers:

- Lens options that are covered in full with a discounted patient copay
- Exclusive rebates and special offers
- A retail frame allowance backed by a wholesale guarantee for greater frame coverage
- Discounts on extra pairs of glasses

Best Provider Choices - VSP Choice Preferred Providers for the Best Value

VSP Preferred Providers – VSP offers 45,000 preferred provider access points nationwide in retail, neighborhood, medical, and professional settings. All of our preferred providers offer the best value thanks to exclusive discounts and one-stop-shopping (exams and a great selection of eyewear).



Retail Chain Affiliate Providers¹ – VSP also contracts with Costco® Optical, Visionworks, and others as affiliate providers. Costco Optical includes about 400 locations across the country, while Visionworks has locations in 37 states and DC, including well-known stores such as EyeMasters, Eye DRx, Dr. Bizer's VisionWorld, and Hour Eyes. Whether you choose a preferred or affiliate provider, you will receive a covered-in-full benefit experience.





Other Providers – Members can choose any provider, including local or national chains, through VSP Open AccessSM. Providers can contact us directly to check eligibility and submit claims for you. We also have a direct pay arrangement with Walmart[®] Vision Center and Sam's Club[®] Optical Center.

Benefits through VSP Choice Preferred Providers subject to applicable copays²

Exam Services	Comprehensive WellVision Exam® covered-in-full			
	Contact lens exam – fitting and evaluation (when choosing contacts): Standard and Premium fit : Covered in full with a copay. Member receives 15% off of contact lens exam services; member's copay will never exceed \$60			
Lenses	Glass or plastic:	Single vision Lined bifocal Lined trifocal Lenticular	Covered-in-full Covered-in-full Covered-in-full Covered-in-full	
Lens Options	The most popular lens options are covered-in-full with a copay, saving our members an average of 20-25%. Maximum copay on standard lens options:			
	Patient Option Standard progressives plastic Premium progressives plastic Custom progressives plastic Standard anti-reflective coating Solid tints & dyes (pink I&II) Solid plastic dye (except pink I&II) Plastic gradient dye UV protection Factory applied scratch-resistant coating Polycarbonate for children Polycarbonate Photochromic plastic All others	Single Vision N/A N/A N/A \$41 No copay \$15 \$17 \$16 \$17 No copay \$31 \$70 20% discount	Multifocal \$55 \$95-105 \$150-175 \$41 No copay \$15 \$17 \$16 \$17 No copay \$35 \$82 20% discount	
Frame	 Frames covered-in-full up to the retail allowance of \$130 Frame allowance is guaranteed by a \$50 wholesale allowance, ensuring more than 13,000 frames are covered-in-full 20% off any amount above the retail allowance Members can choose from virtually any frame on the market 			

Elective Contact Lense	Prescription conta & frame)	 Prescription contact lens materials covered-in-full up to \$130 retail allowance (in lieu of lenses & frame) 				
			³ up to \$110 on eligible Bausch + Lomb			
		\$125 on eligible ACUVUE Bran				
	Members can cho	Members can choose from any available prescription contact lens materials				
Necessary Contact Le	nses Covered-in-full for mer	Covered-in-full for members who have specific conditions (in lieu of lenses & frame)				
Additional Pairs of Gla	sses 20% off unlimited addi	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses ⁴				
Primary Eyecare Progr		Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs. \$20 copay per visit				
Laser VisionCare Prog	ram ^{sм} Discounts average 15- LASIK, and Custom L/	Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, and Custom LASIK ⁵				
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				
Benefits through Affil	liate Providers subject to ap	oplicable copays ²				
Exam	Covered in full	Frame	Frames are covered in full up to the			
Lenses:			retail allowance of \$70 at Costco ⁶ and			
Single vision	Covered in full		\$130 at other affiliate locations			
Lined bifocal	Covered in full	Contact lens:				
Lined trifocal	Covered in full	(in lieu of lenses & frame)				
Lenticular	Covered in full	Exam (fitting & evaluation)	Standard and Premium fit: Covered in			
Lens Options	Special pricing at Costco,		full with a copay not to exceed \$60			
	20% off at other affiliates	Materials:				
		Elective	\$130 allowance			
		Necessary	Up to \$210			
Benefits through Oth	er Providers subject to app	licable copays ²				
Exam	\$45	Frame	\$70			
Lenses:		Contact lens exam & materials	3			
	\$30	(in lieu of lenses & frame):				
Single vision	ψου					
Single vision Lined bifocal	\$50 \$50	Elective	\$105			
			\$105 \$210			

Exclusions⁷

There may be some materials and services with either limited or no coverage under this plan. Please contact VSP for more information.

¹ Affiliate provider arrangement upon request. Benefits vary at affiliate locations.

² When covered in full services are obtained from a VSP Preferred Provider, the patient will have no out-of-pocket expense other than any applicable copays (\$10 exams / \$25 materials). Services and

when covered in full services are obtained from a VSP Preferred Provider, the patient will have no out-or-pocket expense other than any applicable copays (\$10 exams / \$25 materials). Services and eyewear obtained through affiliate and other providers are subject to product availability and the same copays and limitations.

Rebates subject to change.

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.

5 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.

⁶ Costco allowance is equivalent to the frame allowance at preferred providers and other affiliate locations (average frame at Costco is \$68).

Coverage shall be governed solely by the terms of your VSP contract.