

PLAN COMPARISON FROM VSP®



| | STANDARD PLAN* | EASYOPTIONS PLAN* |
|---|--|---|
| Copay | \$15 Exam / \$25 Materials | \$15 Exam / \$25 Materials |
| Exam | Every 12 months | Every 12 months |
| Lenses | Every 12 months | Every 12 months |
| Frame | Every 12 months | Every 12 months |
| VSP PROVIDER | | |
| WellVision Exam* | Covered after \$15 copay | Covered after \$15 copay |
| Contact Lens Exam | 15% savings on contact lens exam | 15% savings on a contact lens exam |
| Lenses: Single Vision, Lined Bifocal, Lined Trifocal, Lenticular | Covered after \$25 materials copay | Covered after \$25 materials copay |
| Impact-resistant (polycarbonate) Lenses for Children | Covered with no copay | Covered with no copay |
| Maximum Copay on Lens Enhancements | Average savings of 20-25% on other lens enhancements | Average savings of 20-25% on other lens enhancements |
| Anti-glare Coating | \$41-\$85 copay | \$41-\$85 copay |
| Impact-resistant (polycarbonate) Lenses | \$31-\$35 copay | \$31-\$35 copay |
| Progressive Lenses (no-line bi/trifocals, ranging from standard to custom) | \$0-\$175 copay | \$0-\$175 copay |
| Light-to-dark Lens Tinting (photochromic adaptive lenses) | \$70-\$82 copay | \$70-\$82 copay |
| Scratch-resistant Coating | \$17-\$33 copay | \$17-\$33 copay |
| Frames | \$150 allowance every 12 months OR \$170 allowance on a featured frame brand | \$150 allowance every 12 months OR \$170 allowance on a featured frame brand |
| Elective Contact Lenses* | \$150 allowance every 12 months | \$150 allowance every 12 months |
| Necessary Contact Lenses** | N/A | N/A |
| EasyOptions Upgrades Members can choose from one of the following upgrades as part of their plan coverage | N/A | Fully covered custom or premium progressive lenses Fully covered light-to-dark lens tinting Increased frame allowance to \$230 Increased contact lens allowance to \$230 |
| NON-VSP PROVIDER (OUT-OF-NETWORK) REIMBURSEMENT AMOUNT | | |
| Examination | Up to \$45 | Up to \$45 |
| Lenses: Single Vision, Lined Bifocal, Lined Trifocal, Lenticular | Up to \$30 Up to \$50 Up to \$65 Up to \$100 | Up to \$30 Up to \$50 Up to \$65 Up to \$100 |
| Progressive Lenses (no-line bi/trifocals, ranging from standard to custom) | Up to \$50 | Up to \$50 |
| Frames | Up to \$70 | Up to \$70 |
| Elective Contact Lenses | Up to \$105 | Up to \$105 |
| Necessary Contact Lenses** | N/A | N/A |
| FULLY-INSURED PROGRAM | | |
| Member Only Member + One Member + Family | Annual or Monthly | Annual or Monthly |
| Contract Term | 12 months | 12 months |
| Healthy Vision Association | N/A | \$18 annual enrollment fee where applicable, every 12 months |
| Plan Availability | Available in all states | Available in all states except Florida |

*Plans have exclusions and limitations.

**Contact lenses are in lieu of spectacle lenses and frames once every 12 months.