<table>
<thead>
<tr>
<th>Network</th>
<th>Choice Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copay</td>
<td>$10 Exam/$10 Materials</td>
</tr>
<tr>
<td>Exam Every:</td>
<td>12 Months</td>
</tr>
<tr>
<td>Lenses Every:</td>
<td>12 Months</td>
</tr>
<tr>
<td>Frame Every:</td>
<td>24 Months</td>
</tr>
<tr>
<td>Diabetic EyeCare Plus</td>
<td>Diabetic EyeCare Plus - $20 per visit</td>
</tr>
</tbody>
</table>

### VSP PROVIDER

#### Examination
- Covered after copay

#### Contact Lens Exam (Fitting & Evaluation)
- **Standard fit**: Covered in full after copay. Member receives 15% off of contact lens exam services; member's copay will never exceed $60
- **Premium fit**: Covered in full after copay. Member receives 15% off of contact lens exam services; member's copay will never exceed $60

#### Lenses:
- **Single Vision**, Covered after copay
- **Lined Bifocal**, Covered after copay
- **Lined Trifocal**, Covered after copay
- **Lenticular**, Covered after copay

#### Copay on Lens Options:
- The most popular lens options are covered-in-full with a copay, saving our members an average of 20-25%.

#### Anti-reflective coating
- **Single Vision**: $41
- **Multifocal**: $41

#### Polycarbonate for children
- **Single Vision**: No copay
- **Multifocal**: No Copay

#### Polycarbonate
- **Single Vision**: $31
- **Multifocal**: $35

#### Progressive
- **Single Vision**: N/A
- **Multifocal**: $55

#### Photochromic
- **Single Vision**: $70
- **Multifocal**: $82

#### Scratch-resistant coating
- **Single Vision**: $17
- **Multifocal**: $17

#### Frames:
- $150.00

#### Elective Contact Lenses*
- $120.00

#### Necessary Contact Lenses*
- Covered after copay

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

### DISCOUNTS & SAVINGS

- Average 20-25% savings on all non-covered lens options
- 20-25% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam.
- Polycarbonate lenses for dependent children
- Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

#### Retail Chain Affiliate Providers
- VSP contracts with Costco Optical, Eye Care Centers of America, Inc.™, and other high quality retail chains.

### NON-VSP PROVIDER

#### Examination
- $35.00

#### Lenses:
- **Single Vision**: $25.00
- **Bifocal**: $35.00
- **Trifocal**: $45.00
- **Lenticular**: $100.00
- **Progressive**: $35.00
- **Frames**: $55.00
- **Elective Contact Lenses***: $95.00
- **Necessary Contact Lenses**: $250.00

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

### SELF-INSURED PROGRAM

#### Voluntary Monthly Rates

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$5.86</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$11.74</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$12.08</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$16.72</td>
</tr>
</tbody>
</table>