

# VSP Choice Plan® Proposal

Prepared for University of North Alabama



The VSP Choice Plan is a full-service plan that offers low costs, a focus on health, and real provider choices.

## Guaranteed Lowest Out-of-Pocket Costs

Our Member Promise guarantees that employees are completely satisfied with their eye care and eyewear from VSP network providers, or we'll make it right. This includes satisfaction with out-of-pocket costs, consumer's #1 priority in a vision plan. We guarantee your employees will have the lowest out-of-pocket costs for equivalent glasses with VSP network providers, compared to your current vision plan, if applicable. One of the ways we reduce patient out-of-pocket costs is by applying fixed copays toward popular lens enhancements. We're also covering standard progressives with no additional copay. Unlike most competing vision plans, we also offer a wholesale frame pricing guarantee allowing us to cover more frames.

## A Focus on Health - VSP Healthy Innovations

Your benefit includes VSP Healthy Innovations, a total wellness solution that leverages the power of a VSP WellVision® exam to see beyond eye health issues. Taking this holistic approach helps identify signs of chronic conditions before they become serious, saving you money and helping your employees manage their health. This year we're even more focused on helping our members with diabetes and pre-diabetes. VSP doctors are often the first to detect chronic conditions—before other healthcare providers—including diabetes 34% of the time. Members identified in our system as having diabetes receive a complimentary reminder letter from us 14 months after their last eye exam. Every year, we see an average of 22% of these members then scheduling and receiving an exam

## Real Provider Choices

Your employees can choose their provider from **94,000 access points**, including the largest national network of independent doctors and nearly 22,000 participating retail chain access points.

**VSP Doctors** - 91% offer early morning, evening and weekend appointments. 24-hour access to emergency care.

**Participating Retail Chains**<sup>1</sup> - Your employees get the convenience of popular retail chains like these and more.



## VSP Benefits subject to applicable copays<sup>2</sup>

<b>Exam Services</b>	Comprehensive WellVision Exam® covered-in-full after copay		
	Contact lens exam - fitting and evaluation (when choosing contacts): <b>Standard</b> and <b>Premium fit</b> : Covered in full with a copay. Member receives 15% off <sup>3</sup> of contact lens exam services; <sup>4</sup> member's copay will never exceed \$60		
	Routine retinal screening covered after an up to \$39 copay <sup>3</sup>		
<b>Lenses</b>	Glass or plastic:	Single vision	Covered-in-full after copay
		Lined bifocal	Covered-in-full after copay
		Lined trifocal	Covered-in-full after copay
		Lenticular	Covered-in-full after copay
<b>Frame</b>	● Frames covered-in-full after copay up to the retail allowance of \$130 <sup>5</sup>		
	● Frame allowance is guaranteed by a \$50 wholesale allowance at VSP doctors, ensuring nearly 12,000 frames are covered-in-full		
	● Members who select a featured frame brand including bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more will receive an extra \$20 toward their frame allowance. <sup>6</sup>		
	● 20% off <sup>3</sup> any amount above the retail frame allowance <sup>4</sup>		
	● Members can choose from virtually any frame on the market		

*Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit*

<b>Lens Enhancements</b>	The most popular lens enhancements are covered after a copay, saving members an average of 20-25% <sup>4</sup> ; members should see their VSP network provider for special pricing on additional lens enhancements. Maximum copay on standard lens enhancements:		
	<b>Lens Enhancement</b>	<b>Single Vision</b>	<b>Multifocal</b>
	Standard progressives plastic	N/A	No copay
	Premium progressives plastic	N/A	\$95-105
	Custom progressives plastic	N/A	\$150-175
	Standard anti-reflective coating	\$41	\$41
	Solid tints & dyes (pink I&II)	No copay	No copay
	Solid plastic dye (except pink I&II)	\$15	\$15
	Plastic gradient dye	\$17	\$17
	UV protection	\$16	\$16
	Factory applied scratch-resistant coating	\$17	\$17
	Polycarbonate for children	No copay	No copay
	Polycarbonate	\$31	\$35
	Photochromic plastic	\$70	\$82
<b>Elective Contact Lenses (instead of lenses &amp; frame)</b>	<ul style="list-style-type: none"> <li>Prescription contact lens materials covered-in-full up to \$130 retail allowance</li> <li>VSP members get exclusive mail-in savings<sup>7</sup> on eligible contacts at VSP doctors</li> <li>Members can choose from any available prescription contact lens materials</li> </ul>		
<b>Necessary Contact Lenses (instead of lenses &amp; frame)</b>	<ul style="list-style-type: none"> <li>Covered-in-full after copay for members who have specific conditions at VSP doctors</li> <li>Covered up to \$210 after copay for members who have specific conditions at participating retail chains</li> </ul>		
<b>Additional Pairs of Glasses<sup>8</sup></b>	20% off <sup>3</sup> unlimited additional pairs of prescription glasses and/or non-prescription sunglasses <sup>4</sup>		
<b>Primary EyeCare Program<sup>SM</sup></b>	Supplemental coverage for non-surgical medical eye conditions, such as pink eye and other urgent eye care - \$20 copay <sup>9</sup> per visit at VSP doctors		
<b>Laser VisionCare Program<sup>SM</sup></b>	Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, and Custom LASIK <sup>10</sup> through VSP doctors		
<b>Low Vision</b>	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 at VSP doctors		
<b>Eye Health Management Program<sup>®</sup></b>	Exam reminder letters sent to VSP members with diabetes who have not had an eye exam in 14 months		

### Out-of-Network Benefits subject to applicable copays<sup>2</sup>

Exam	Reimbursed up to \$45	Frame	Reimbursed up to \$70
Lenses:			
Single vision	Reimbursed up to \$30	Contact lens exam & materials	
Lined bifocal	Reimbursed up to \$50	(in lieu of lenses & frame):	
Lined trifocal	Reimbursed up to \$65	Elective	Reimbursed up to \$105 <sup>11</sup>
Lenticular	Reimbursed up to \$100	Necessary	Reimbursed up to \$210

**Exclusions<sup>12</sup>** There may be some materials and services with either limited or no coverage under this plan. Please contact your VSP representative for more information.

<sup>1</sup> Participating retail chains upon request. Benefits may vary at participating retail chain locations.

<sup>2</sup> When covered-in-full services are obtained from a VSP network provider, the patient will have no out-of-pocket expense other than any applicable copays. Services and eyewear obtained through out-of-network providers are subject to product availability and the same copays and limitations. Please refer to rate page.

<sup>3</sup> Based on applicable laws, benefits may vary by location.

<sup>4</sup> Walmart and Costco published prices already include discounts instead of those noted.

<sup>5</sup> Walmart and Costco allowance of \$70 is equivalent to the frame allowance at other VSP network providers.

<sup>6</sup> Reflects current promotion, evaluated annually. Promotion/featured frame brands are subject to change and the promotional allowance does not apply at Walmart and Costco. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

<sup>7</sup> Rebates subject to change.

<sup>8</sup> 20% off applies to unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam.

<sup>9</sup> The VSP Primary EyeCare Plan pays secondary to other medical eye insurance coverage.

<sup>10</sup> 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.

<sup>11</sup> If \$100 allowance is purchased, out-of-network providers will reimburse up to \$85.

<sup>12</sup> Coverage shall be governed solely by the terms of your VSP contract

**VSP CHOICE PLAN®**  
**COMMERCIAL BUSINESS RATES**  
 Voluntary Participation 0-24% Employer Paid  
 51+ Enrolled Employees  
 For Clients Headquartered in Alabama  
 Valid Until January 1, 2020



**Prepared for University of North Alabama**

**Plan Guidelines**

- Individual Experience is not available for Pooled Groups
- 24 month rate guarantee and contract term
- These voluntary pooled rates are based on enrollment of 51+ employees
- Rates are based on our sliding 10% commission scale and the agreement that VSP will receive these amounts over the full plan term
- Platform participation and associated fees are not included
- The first copay applies to the eye examination and the second copay applies to materials
- Rates include all applicable taxes and health assessment fees known as of the date of the proposal
- Coverage with a participating retail chain may be different

**Plan Frequencies**

	PLAN C	PLAN B
<b>Eye Exam</b>	12 Months	12 Months
<b>Lens</b>	12 Months	12 Months
<b>Frame</b>	12 Months	24 Months

The base rates quoted reflect VSP's standard in-network retail allowances of \$130 for frames and \$130 for elective contact lenses.

**MONTHLY RATES**

3-Rate Basis	Employee Only	Employee + One	Employee + Family
<b>PLAN C Copay: \$20/\$20</b>	<b>\$9.40</b>	<b>\$13.63</b>	<b>\$24.45</b>
\$200.00 Elective Contact Lens Allowance	\$1.43	\$2.07	\$3.71
\$150.00 Retail Frame Allowance	\$0.83	\$1.20	\$2.14
EasyOptions	\$2.82	\$4.09	\$7.33
<b>Total:</b>	<b>\$14.48</b>	<b>\$20.99</b>	<b>\$37.63</b>
<b>With the EasyOptions benefit, each covered family member can pick one of the upgrades below at their time of service:</b> \$250 Retail Frame Allowance (every 12 months), or Progressive Lenses covered in full (every 12 months), or Anti-Reflective Coatings covered in full (every 12 months), or Photochromic Lenses covered in full (every 12 months)			

*Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit*

# VSP<sup>®</sup> EasyOptions

VSP EasyOptions is the only benefits customization feature in the industry that gives you the opportunity to offer your employees and their dependents flexibility to choose their vision benefits coverage while at their doctor's office.

## Choice When Members Want It

VSP EasyOptions offers every VSP member in a family the power to personalize their vision coverage from a menu of customizable benefit packages you choose. Each member selects the benefit right for them during their VSP doctor visit (instead of having to guess at enrollment). This helps ensure their decision best meets their current eyecare needs.

## Members Prefer VSP EasyOptions

When offered to consumers nationwide, one in two chooses VSP EasyOptions over a base plan.

## How it Works for Your Employees

1. Employee enrolls in the VSP EasyOptions plan at open enrollment and adds dependents, if applicable. (Employee does not select customizable benefit at this time. That decision is made at the doctor's office during their appointment.)
2. Employee schedules eye exam.
3. Employee visits VSP doctor and selects customizable benefit after discussing available options. Every member on the employee's plan has the opportunity to choose a different customizable benefit at the time of their appointment.

## How it Works for You

1. You select and offer your employees a VSP Signature or VSP Choice Plan, which includes an eye exam, frame, and lens coverage.
2. You may choose the following customizable benefit package or we can work with you personally to select the benefit options that delivers the highest value to your unique employees:

Package	Customizable Benefit Options (each patient may select one)
EasyOptions Customizable Benefit	\$250 Retail Frame Allowance or Progressive Lenses Covered in Full or Photochromic Lenses Covered in Full or Anti-Reflective Lenses Covered in Full



**78%**

of consumers value more personalized benefits geared to their individual circumstances and age

**60%**

are willing to bear more of the cost for personalization

*Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit*