

# Pediatric Vision Benefit Summary



Taking care of your child's eyes with VSP includes a covered-in-full benefit that is *included in your Presbyterian medical coverage*. You'll have access to the highest quality vision care from a VSP doctor you can trust. Visit [vsp.com/choice](http://vsp.com/choice) to find a doctor who's right for your child and one who carries children's frames from our exclusive Otis & Piper™ Eyewear Collection.

\*\*Underwritten by Presbyterian Insurance Company, Inc. Please provide your Presbyterian ID# to the VSP Network doctor.

BENEFIT	DESCRIPTION	VSP NETWORK DOCTOR COPAY	OUT-OF-NETWORK*
		You Pay	You Pay
Your Coverage with a VSP Doctor (every calendar year)			
WellVision Exam®	<ul style="list-style-type: none"><li>A thorough eye exam that tests for childhood eye health and vision issues, like nearsightedness, amblyopia (lazy eye), and strabismus.</li></ul>	\$0	You pay 50% of the provider's billed amount.
Prescription Glasses			
Frames	<ul style="list-style-type: none"><li>Frames from our exclusive Otis &amp; Piper Eyewear Collection</li></ul>	\$0	You pay 50% of the provider's billed amount.
Lenses	<ul style="list-style-type: none"><li>Single vision, lined bifocal, lined trifocal, or lenticular lenses, glass or plastic</li><li>Polycarbonate, scratch-resistant coating, and UV protection</li><li>Tints</li></ul>	\$0	You pay 50% of the provider's billed amount.

Contacts (Instead of glasses)	<ul style="list-style-type: none"> <li>Contact lens exam and a minimum three-month's supply of contact lenses are covered in full. Ask your VSP doctor which contacts qualify for your child's plan.</li> </ul>	\$0	You pay 50% of the provider's billed amount.
----------------------------------	---	-----	--

Extra Savings and Discounts (In-Network only)	<b>Lens Options Discounts</b> <ul style="list-style-type: none"> <li>20% - 25% off other lens options</li> </ul>
	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>20% off additional glasses and sunglasses, including lens options, from any VSP doctor within the calendar year of your child's last WellVision Exam</li> </ul>
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>

## \*Your Coverage with Other Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

VSP guarantees coverage from VSP doctors only. Coverage information is subject to change.

# Eyecare Plans administered by Vision Service Plan (VSP)\* Small Group



Services From a VSP Choice Network Provider - Adults age 19 and older*			
Covered Services	Exam Plus <sup>3</sup> (included in Medical Plan)	Plan A <sup>4</sup> (additional premium of \$3.20 per member per month)	Plan C <sup>4</sup> (additional premium of \$6.10 per member per month)
<b>Copay</b>	\$0 for Exam	\$25.00 for Exam	\$5.00 for Exam \$10.00 for Materials
<b>Eye Exam</b>	Covered in full every 12 months <sup>1</sup>	Covered in full every 12 months <sup>1</sup>	Covered in full every 12 months <sup>1</sup>
<b>Lens Frequency</b>	Not Applicable	Once every 24 months <sup>1</sup>	Once every 12 months <sup>1</sup>
<b>Lenses:</b> <ul style="list-style-type: none"> <li>Single Vision Lenses</li> <li>Bifocal Lenses</li> <li>Trifocal Lenses</li> </ul>	20% discount of doctors U&C fees for prescription lenses when a complete pair of glasses is purchased	Covered in full <sup>2</sup> Covered in full <sup>2</sup> Covered in full <sup>2</sup> <ul style="list-style-type: none"> <li>Polycarbonate lenses covered in full for dependent children</li> </ul>	Covered in full <sup>2</sup> Covered in full <sup>2</sup> Covered in full <sup>2</sup> <ul style="list-style-type: none"> <li>Polycarbonate lenses covered in full for dependent children</li> </ul>
<b>Frame Frequency</b>	Not Applicable	Once every 24 months <sup>1</sup>	Once every 12 months <sup>1</sup>
<b>Frames</b>	20% discount of doctors U&C fees for prescription lenses when a complete pair of glasses is purchased	Covered up to \$105.00* <ul style="list-style-type: none"> <li>20% discount on amounts exceeding the allowances</li> </ul> * A one-time material copay applies to lenses and/or frames	Covered up to \$105.00* <ul style="list-style-type: none"> <li>20% discount on amounts exceeding the allowances</li> </ul> * A one-time material copay applies to lenses and/or frames
<b>Elective Contact Lenses</b> (in-lieu-of lens and frame benefits)	15% discount off contact lens services (evaluation and fitting)	\$110 allowance toward contact lens services (fitting and evaluation) and lenses <ul style="list-style-type: none"> <li>15% discount off contact lens services (evaluation and fitting)</li> </ul>	\$110 allowance toward contact lens services (fitting and evaluation) and lenses <ul style="list-style-type: none"> <li>15% discount off contact lens services (evaluation and fitting)</li> </ul>
<b>Medically Necessary Contact Lenses</b> (in-lieu-of lens and frame benefits)	15% discount off contact lens services (evaluation and fitting). Discount does not apply to materials	Covered in full if benefit criteria is met	Covered in full if benefit criteria is met
<b>Laser Vision Correction Discounts</b>	15% percent discount off of the contracted laser center's usual and customary price. Additionally, if the laser center is offering a temporary price reduction, VSP members will receive 5 percent off of the promotional price if it is less than the usual discounted price.		
<b>Value Added Discounts</b>	Not Applicable	<ul style="list-style-type: none"> <li>The most common lens options are covered in full with a copay, saving an average of 20-25%.</li> <li>20% discount on additional complete set of prescription glasses and Non-prescription sunglasses purchased same day.</li> </ul>	<ul style="list-style-type: none"> <li>The most common lens options are covered in full with a copay, saving an average of 20-25%.</li> <li>20% discount on additional complete set of prescription glasses and Non-prescription sunglasses purchased same day.</li> </ul>

1. Based on last date of service

2. Basic lenses covered in full up to and including 60mm eye size

3. Included in Medical benefit

4. Please see separate price sheet for alternate plans

All vision benefits administered by Vision Services Plan (VSP) Insurance Company. VSP guarantees service from VSP Network doctors only. To find a VSP doctor, view benefit descriptions, or for information on how to use your plan when seeing a provider other than a VSP doctor, visit [vsp.com](http://vsp.com) or call 1-800 877-7195.

\*Rider Plans noted above are for members 19 years of age or older. Pediatric benefits included in medical plans, see separate summary page.