THE VSP CHOICE PLAN IS FULL OF BENEFITS

The VSP Choice Plan is a full-service plan that offers choice, care, and maximum value through a VSP network provider.

AVERAGE SAVINGS OF 30% ON ALL LENS ENHANCEMENTS[1]
Protection from UV, relief from digital eyestrain, and more.

COVERAGE FOR URGENT AND MEDICAL EYE CARE
Care for conditions like pink eye, dry eye, diabetic eye disease and glaucoma.

UP TO $3,000 IN SAVINGS
Contact lens rebates and discounts on hearing aids, prescriptions—the list goes on.[2]

VSP CHOICE PLAN BENEFITS		
	In-network	**Out-of-network**
Vision Care		
WellVision Exam®	Covered-in-full after copay	Reimbursed up to $45
Contact Lens Exam, Fitting, and Evaluation (Standard & Premium)	Covered-in-full after copay, not to exceed $60	Not applicable
Routine Retinal Scanning	Covered-in-full after copay, not to exceed $39[3]	Not applicable
Frames		
	Covered-in-full after copay, up to frame allowance[4]	
	20% off any amount above the allowance[3,4]	Reimbursed up to $70
	Extra $20 allowance on Featured Frame Brands[4,6]	
Lenses		
Single Vision		Reimbursed up to $30
Lined Bifocal		Reimbursed up to $50
Lined Trifocal	Covered-in-full after copay	Reimbursed up to $65
Lenticular		Reimbursed up to $100
Standard Progressive Lenses		Reimbursed up to $50
Lens Enhancements Enhanced coverage may apply. Refer to the option(s) under Customized Benefit Options and Monthly Rates.		
Premium Progressive Lenses	$95 - $105	
Custom Progressive Lenses	$150 - $175	
Standard Anti-Reflective Coating	$41	
Photochromic Lenses	$75	
Solid Tints and Dyes	$0	Not applicable
Plastic Gradient Tints	$17	
Polycarbonate Lenses	$31 - $35; $0 for children	
Scratch-Resistant Coating	$17	
UV Protection	$16	
Contact Lenses Instead of lenses and frame		
Elective	Covered-in-full, up to Contact Lens Allowance	Reimbursed up to $105[3,8]
Necessary	Covered-in-full after copay	Reimbursed up to $210

VSP CHOICE PLAN BENEFITS (CONTINUED)		
	In-network	**Out-of-network**
Additional Benefits		
Essential Medical Eye Care[SM,8] Supplemental coverage beyond routine care to treat urgent issues/monitor ongoing conditions like pink eye, sudden vision changes, dry eye, diabetic eye disease and glaucoma	Covered-in-full after copay; not to exceed $20	Not applicable[10]
Low Vision Supplemental testing and coverage for approved low vision aids; for members with vision loss that prevents reading, moving around in unfamiliar surroundings, and completing desired tasks	Up to $1,000 every two years; covers 100% supplemental testing and 75% for approved low vision aid	
VSP Laser VisionCare[SM] **Program**[9] Discounted access for laser vision correction services	Average savings of 15-20% off retail price or 5% off promotional price	
Additional Pairs of Glasses	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses[3,4,5]	
Supplemental Benefits		
VSP LightCare™ Non-prescription blue light filtering glasses or sunglasses[4,11]	Covered-in-full after copay, up to frame allowance[4]	Not applicable

Offer employees a vision benefit they're going to love. Contact your VSP representative to get started.

Confidentiality Statement
This proposal has been designed by VSP specifically for EMM Loans LLC. It contains confidential information that is unique to our plan designs and rate structures, all of which are critical to VSP trade secrets. For this reason, we respectfully request that the information in this proposal be treated as confidential, as allowed under applicable laws, and not released to any interested parties without VSP written consent. It is also important to note that 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 prepaid vision plans with a defined benefit.

Exclusions and Limitations
- When covered-in-full benefits are obtained from a VSP network doctor, the member will have no out-of-pocket costs other than copays. Vision care and eyewear obtained from an out-of-network provider are subject to product availability and the same copays. For details, see above.
- Some eyewear and vision care may be limited or not covered under this plan, as follows. Please contact VSP Vision Care for more information.
  - Cosmetic materials, such as lenses with refractive correction of less than ± .50 diopter, unless otherwise stated above.
  - Services and/or materials not specifically indicated on this schedule as covered plan benefits.
  - Two pairs of glasses instead of bifocals.
  - Replacement of lenses, frames, and/or contact lenses furnished under this plan which are lost/broken/damaged, except at the normal intervals when services are otherwise available.
  - Orthoptics or vision training and any associated supplemental testing. Medical or surgical treatment of the eyes and services associated with CRT or orthokeratology.
  - Contact lens insurance policies or service agreements. Refitting of contact lenses after the initial (90-day) fitting period. Additional office visits associated with contact lens pathology.
  - Contact lens modification, polishing, or cleaning.
- Local, state, and/or federal taxes, except where VSP is required by law to pay.
- Coverage shall be governed solely by the terms of your VSP contract.

Additional exclusions and limitations related to specific benefits of the VSP Choice Plan:
1. Savings off average usual and customary pricing based on VSP claims data.
2. Hearing aid discounts are not available in CA or WA.
3. Based on applicable laws, benefits may vary by location.
4. Benefits may vary at retail chain locations. Costco frame allowance is $70 as prices already include discounts instead of those noted. Extra frame allowance on Featured Frame Brands is not available at Costco, Walmart and Sam's Club.
5. 30% off applies to glasses purchased the same day as the member's eye exam from the same VSP doctor who provided the exam. Members also receive 20% off unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam. Exceptions at retail locations may apply.
6. Reflects current promotion. Featured Frame Brands are subject to change. Available only to VSP members with applicable plan benefits through VSP network doctors and in-network locations. Not available to members whose coverage includes an additional $50 allowance on Featured Frame Brands. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.
7. If $100 in-network allowance is purchased, members will be reimbursed up to $85 out-of-network.
8. Essential Medical Eye Care pays secondary to the member's medical insurance.
9. Discounts only available from VSP-contracted facilities.
10. Essential Medical Eye Care is available out-of-network in states where it's required by law.
11. Pre-made and ready-to-wear glasses are covered by plan's frame and lens benefit and is in lieu of prescription frame and lenses.

*2017 National Vision Plan Member Research