Get access to the best in eye care and eyewear with University of Rochester and VSP® Vision Care.

Why enroll in VSP? As a member, you’ll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

You’ll like what you see with VSP.

• **Value and Savings.** You’ll enjoy more value and the lowest out-of-pocket costs.

• **High Quality Vision Care.** You’ll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP network doctor, your satisfaction is guaranteed.

• **Choice of Providers.** The decision is yours to make—choose a VSP network doctor or any out-of-network provider.

• **Great Eyewear.** It’s easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

• **Create an account at vsp.com.** Once your plan is effective, review your benefit information.

• **Find an eye doctor who’s right for you.** Visit vsp.com or call 800.877.7195.

• **At your appointment, tell them you have VSP.** There’s no ID card necessary. If you’d like a card as a reference, you can print one on vsp.com.

That’s it! We’ll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you’ll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP’s online eyewear store.

Enroll in VSP today.
You’ll be glad you did.
Contact us. 800.877.7195
vsp.com
University of Rochester and VSP provide you with an affordable eye care plan.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Coverage with a VSP Provider</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WellVision Exam</td>
<td>Focuses on your eyes and overall wellness</td>
<td>$20</td>
<td>Every calendar year</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td></td>
<td>$20</td>
<td>See frame and lenses</td>
</tr>
</tbody>
</table>
| Frame | • $200 allowance for a wide selection of frames  
• $220 allowance for featured frame brands  
• 20% savings on the amount over your allowance  
• $110 Costco® frame allowance | Included in Prescription Glasses | Every calendar year |
| Lenses | • Single vision, lined bifocal, and lined trifocal lenses  
• Polycarbonate lenses for dependent children | Included in Prescription Glasses | Every calendar year |
| Lens Enhancements | • Standard progressive lenses  
• Premium progressive lenses  
• Custom progressive lenses  
• Average savings of 20-25% on other lens enhancements | $55  
$95 - $105  
$150 - $175 | Every calendar year |
| Contacts (instead of glasses) | • $200 allowance for contacts; copay does not apply  
• Contact lens exam (fitting and evaluation) | Up to $60 | Every calendar year |
| **Diabetic Eyecare Plus Program** | | $20 | As needed |
| **Glasses and Sunglasses** | Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.  
20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. | | |
| **Retinal Screening** | No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam | | |
| **Laser Vision Correction** | Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | | |
| **Your Monthly Contribution** | | $7.92 Member only  
$15.82 Member + spouse  
$16.94 Member + child(ren)  
$27.06 Member + family | |

**Your Coverage with Out-of-Network Providers**

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you’ll receive a lower level of benefits. Visit vsp.com for plan details.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Copay</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>up to $45</td>
<td></td>
</tr>
<tr>
<td>Lined Bifocal Lenses</td>
<td>up to $50</td>
<td></td>
</tr>
<tr>
<td>Progressive Lenses</td>
<td>up to $70</td>
<td></td>
</tr>
<tr>
<td>Lined Trifocal Lenses</td>
<td>up to $65</td>
<td></td>
</tr>
<tr>
<td>Contacts</td>
<td>up to $85</td>
<td></td>
</tr>
</tbody>
</table>

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us. 800.877.7195 | vsp.com