Westminster College and VSP provide you with an affordable eyecare plan. Sign up for VSP today.

VSP Coverage Effective..........................January 1, 2010

Your Coverage from a VSP Doctor

WellVision Exam® focuses on your eye health and overall wellness
• $20.00 copay..............................every calendar year

Prescription Glasses
• $20.00 copay
  Lenses............................................every calendar year
  • Single vision, lined bifocal, and lined trifocal lenses
  • Polycarbonate lenses for dependent children

Frame.............................................every other calendar year
• $130.00 allowance for frame of your choice
• 20% off the amount over your allowance
  --OR--

Contact Lens Care
• No copay...............................every calendar year
  $130.00 allowance for contacts and the contact lens exam (fitting and evaluation). If you choose contact lenses you will be eligible for a frame one calendar year from the date the contact lenses were obtained.
  Current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of replacement lenses.

Primary EyeCare.....................................$5.00 copay
Provides coverage for urgent eyecare needs. Services are available through your VSP doctor.

Extra Discounts and Savings

Glasses and Sunglasses
• Average 20-25% savings on all non-covered lens options
• 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam

Contacts
• 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction
• Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

Your Contribution

| Employee Only | $8.60 |
| Employee + One Dependent | $13.76 |
| Employee + Children | $14.04 |
| Employee + Family | $22.64 |

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider, call us at 800.877.7195 for more details.

Out-of-Network Reimbursement Amounts:

| Exam | Up to $43.00 |
| Single vision lenses | Up to $26.00 |
| Lined bifocal lenses | Up to $43.00 |
| Lined trifocal lenses | Up to $60.00 |
| Frame | Up to $40.00 |
| Contacts | Up to $100.00 |

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.