

# Contact Lenses for Every Need

People like to have choices when it comes to their eyewear. That's why we offer flexible plans and enhancement programs for your contact lens wearers.

## VSP Contact Lens Care Program<sup>SM</sup>

Members who currently wear soft contacts may qualify for our special VSP Contact Lens Care Program.\* The program is designed to provide standard fit members the widest selection of the most popular lenses on the market, including toric, multifocal, and silicone hydrogel lenses.

If a member selects a lens from a tier that is above their allowance, they pay the difference between their allowance and the tier price. If the member selects a lens from a tier that is below their allowance, they may apply the remaining balance toward additional contact lenses.

### Contact Lens Services

- A thorough contact lens exam by a VSP Preferred Provider is covered in full.
- The contact lens exam ensures proper fit of the contact lenses, but does not take the place of a comprehensive eye exam, which is a check for overall eye health.

### Contact Lenses

- A six-month\*\* supply of contact lenses is covered by the VSP Preferred Provider who performed the contact lens exam.

#### Tier One: Spherical

Product	Manufacturer	Boxes Covered	Replacement
ACUVUE	Vistakon	4	\$130
ACUVUE 2	Vistakon	4	
AIR OPTIX AQUA	CIBA Vision	2	
Biofinity	CooperVision	2	
Biomedics 55 Premier	CooperVision	4	
Biomedics 55 UV	CooperVision	4	
Biomedics XC	CooperVision	4	
Focus Monthly Visitint (Focus Visitint)	CIBA Vision	2	
Frequency 38	CooperVision	2	
Frequency 55 Aspheric	CooperVision	2	
Frequency 55 Sphere	CooperVision	2	
FreshLook Handling Tint	CIBA Vision	4	
O2OPTIX	CIBA Vision	2	
Proclear Sphere (Compatibles)	CooperVision	2	
PureVision	Bausch & Lomb	2	
SofLens 38 (Optima FW, Seequence II)	Bausch & Lomb	4	
Vertex Sphere (Encore Sphere)	CooperVision	4	

List effective January 1, 2010 and subject to change.  
Version 1

\*Some members may require additional premium services when being fitted for contact lenses. VSP Preferred Providers will determine if a member is qualified for this program.

\*\*Six-month supply based on manufacturer's recommended use.

### Tier Two: Spherical

Product	Manufacturer	Boxes Covered	Replacement
ACUVUE ADVANCE	Vistakon	4	\$160
ACUVUE OASYS with HYDRACLEAR PLUS	Vistakon	4	
AIR OPTIX NIGHT & DAY AQUA	CIBA Vision	2	
Avaira	CooperVision	4	
Biomedics 38	CooperVision	4	
Extreme H <sub>2</sub> O 59% - Thin	Hydrogel	4	
Extreme H <sub>2</sub> O 59% - Xtra	Hydrogel	4	
Extreme H <sub>2</sub> O 54%	Hydrogel	4	
Focus 1-2 Week Visitint (NewVues Visitint)	CIBA Vision	4	
PRECISION UV	CIBA Vision	4	

### Tier Three: Specialty Lenses

Product	Manufacturer	Boxes Covered	Replacement
ACUVUE ADVANCE <i>for ASTIGMATISM</i>	Vistakon	4	\$180
ACUVUE OASYS <i>for ASTIGMATISM</i>	Vistakon	4	
AIR OPTIX <i>for ASTIGMATISM</i>	CIBA Vision	2	
Biofinity Toric	CooperVision	2	
Focus Monthly Toric Visitint (Focus Toric)	CIBA Vision	2	
Frequency 55 Multifocal	CooperVision	2	
Frequency 55 Toric	CooperVision	2	
Proclear EP Multifocal	CooperVision	4	
PureVision Multifocal	Bausch & Lomb	2	
PureVision Toric	Bausch & Lomb	2	
SofLens Toric	Bausch & Lomb	4	

### Elective Contact Lens Allowance

We believe choice is important and members can always choose any contact lens brand. If a member chooses a contact lens not currently part of the VSP Contact Lens Care Program, they have the flexibility to use their elective contact lens allowance any way they choose. The allowance can go toward contact lens services and contact lenses. Members will always receive 15% off all contact lens services from their VSP Preferred Provider.

### Good Eyecare Supports Good Health

Contact lens wearers need a comprehensive eye exam in addition to a contact lens exam. A thorough exam can catch early warning signs of serious health conditions like diabetes, high blood pressure, and high cholesterol.