Your SANTA CLARA UNIVERSITY VSP WellVision® Coverage At a Glance

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Frequency (Based on service year)</th>
<th>Copayment</th>
<th>Coverage from a VSP doctor</th>
<th>Out-of-Network Reimbursement</th>
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<tbody>
<tr>
<td><strong>Eye Care Wellness</strong> – Regular exams are essential for protecting your visual wellness.</td>
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<tr>
<td><strong>Exam</strong></td>
<td>12 months</td>
<td>$20 total (applied to exam lenses &amp; frame)</td>
<td>Covered in full.</td>
<td>Up to $40 allowance</td>
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<td><strong>Prescription Eyewear</strong> – You may choose between glasses or contacts. Remember if you choose contacts, you will not be eligible to receive glasses (lenses and frame) in the same service period.</td>
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<tr>
<td><strong>Lenses</strong></td>
<td>24 months</td>
<td>Single vision, lined bifocal and lined trifocal lenses are covered in full.</td>
<td>Single vision up to $40 allowance; Lined bifocal up to $60 allowance; Lined trifocal up to $80 allowance</td>
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<tr>
<td><strong>Frame</strong></td>
<td>24 months</td>
<td>Covered up to $105 allowance</td>
<td>Up to $45 allowance</td>
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<tr>
<td><strong>Contact Lenses</strong></td>
<td>24 months</td>
<td>None</td>
<td>Covered up to $105 allowance</td>
<td>Up to $105 allowance</td>
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</table>

Your allowance applies to the cost of your contact lens exam and your contact lenses. You’ll receive a 15 percent savings off the cost of your contact lens exam from a VSP doctor. Your contact lens exam is performed in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts.

Value Added Discounts

- **Laser VisionCareSM** - VSP has contracted with many of the nation’s finest laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers. Visit VSP’s Web site at www.vsp.com to learn more about this exciting program.

- **Contact Lenses** – VSP also offers valuable savings on annual supplies of certain brands of contacts. You can receive these VSP member preferred prices, even if you use your coverage for glasses. Visit vsp.com or ask your doctor for details.

- **Prescription Glasses** – Receive 20 percent savings when you purchase non-covered pairs of prescription glasses, including prescription sunglasses from the same VSP doctor within 12 months of your last eye exam.

  1. Lens options, which can enhance the appearance, durability and function of your glasses, are available to you at VSP’s member preferred pricing. Ask your doctor for details.

  2. If you choose a frame valued at more than your allowance, you’ll save 20 percent on your out-of-pocket costs for frames.

Locating Your VSP Doctor

When you obtain services from a VSP doctor, you get the most value from your VSP benefit. VSP offers two convenient ways to locate a VSP doctor near your home or office, or to verify your doctor is a VSP doctor:

- Visit us at www.vsp.com
- Call Member Services at (800) 877-7195

Using Your VSP Benefit

No cards, no claim forms, no hassles. To access your benefits, simply:

- Make an appointment with a VSP doctor
- Tell the doctor you are a VSP member when making the appointment
- Provide the doctor with the covered member’s ID

Your doctor and VSP will handle the rest by verifying your benefits and eligibility for services - it's that straightforward.

Out-of-Network Providers

Although more than 90 percent of VSP members receive care from VSP doctors, you have the option of seeing an out-of-network provider. If you see an out-of-network provider, be aware your out-of-network benefits do not guarantee full payment. For out-of-network reimbursement, pay the entire bill when you receive services, then send your itemized receipt to VSP within six months from your date of service. Included with your receipt should be the covered member’s name, phone number, address, member ID, the name of the group, the patient’s name, date of birth, phone number and address, and the patient’s relationship to the covered member (such as spouse, child, etc.).

Please keep a copy of the information for your records and send the originals to the following address:

VSP, P.O. Box 997105, Sacramento, CA 95899-7105.

This information is a summary of your VSP benefit. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.

Standard total copay w/OON 8/02