



**All Plans Administered By:** 

Website: VSP www.vsp.com **Phone Number:** (800) 877-7195

Our vision plan, administered through VSP, ensures optimal eye health for you and your family. Coverage is available for services received out-ofnetwork, but you receive the greatest benefit when you go to an VSP Choice network provider.

To find an VSP network provider, go to <a href="www.vsp.com">www.vsp.com</a> and choose the Choice network.

	Standard Plan	Enhanced Plan
Frequencies		
Examination	Every year	Every year
Lenses	Every other year	Every year
Frame	Every other year	Every year
Benefits with a VSP Network Provider		
Comprehensive Eye Examination	\$10 copay	\$10 copay
Contact Lens Examination	15% discount	15% discount
Essential Medical Eye Care (Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.)	\$0 copay per screening \$20 copay per exam	\$0 copay per screening \$20 copay per exam
Lenses		
Single Vision	\$10 copay	\$10 copay
Bifocal	\$10 copay	\$10 copay
Trifocal	\$10 copay	\$10 copay
Allowances		
Retail Frame Allowance	\$125	\$160
Featured Frame Brand Allowance	\$145	\$180
Costco Equivalent Frame	\$125	\$160
Elective Contact Lenses In lieu of lenses and frames	\$125	\$160
Medically Necessary Contact Lenses	covered in full	covered in full
.ens Enhancement Out-of-pocket Cost		
Standard Anti-Reflective Coatings	\$41 copay	\$41 copay
Premium Anti-Reflective Coatings	\$68 copay	\$68 copay
Custom Anti-Reflective Coatings	\$85 copay	\$85 copay
Polycarbonate Lenses for children	\$0 copay	\$0 copay
Polycarbonate Lenses for adults	\$35 copay	\$35 copay
Standard Progressives	\$0 copay	\$0 copay
Premium Progressives	\$95 - \$105 copay	\$95 - \$105 copay
Custom Progressives	\$150 - \$175 copay	\$150 - \$175 copay
Photochromic/Tints	\$15 - \$75 copay	\$15 - \$75 copay
Scratch-resistant coatings	\$17 copay	\$17 copay
All Other Discounted Lens Enhancements	30% savings	30% savings
Non-VSP Provider Allowances		
Examination	up to \$45	up to \$45
Single Vision	up to \$45	up to \$45
Bifocal	up to \$65	up to \$65
rifocal	up to \$85	up to \$85
Lenticular	up to \$125	up to \$125
Progressive Lenses	up to \$85	up to \$85
Polycarbonate lenses for children	N/A	N/A
Scratch-resistant coatings	N/A	N/A
Frame Elective Contact Lenses	up to \$45	up to \$45
In lieu of lenses or frames	up to \$105	up to \$105
Medically Necessary Contact Lenses	up to \$210	up to \$210
Laser Vision Correction	15% off retail price, or 5% off promotional price	15% off retail price, or 5% off promotional price