

Plan(s) Administered By:
VSP

Website:
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-of-network, but you receive the greatest benefit when you go to an VSP Choice network provider. To find an VSP network provider, go to www.vsp.com and choose the Choice network.

	VSP STANDARD	VSP ENHANCED
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
Lens Enhancements (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
Scratch-resistant coatings	\$17 copay	\$17 copay
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
Trifocal	up to \$85	up to \$85
Lenticular	up to \$125	up to \$125
Progressive Lenses	up to \$85	up to \$85
Frame	up to \$45	up to \$45
Elective Contact Lenses In lieu of lenses or frames	up to \$105	up to \$105
Medically Necessary Contact Lenses	up to \$210	up to \$210
Other Discounts		
All Other Discounted Lens Enhancements	30% savings	
Laser Vision Correction	15% off retail price, or 5% off promotional price	
Routine Retinal Screening	\$39 copay on routine retinal screening as an enhancement to a WellVision Exam	

This is a brief description of services covered under the vision plan. Please refer to the certificate of coverage for full plan details. If differences exist between this summary and the certificate of coverage, the certificate of coverage will govern.