

VSP Vision Plan Options

Benefits	Vision In Network	Vision Plus In Network	Vision & Vision Plus Out of Network
Comprehensive Eye Exam	You pay \$10 copay 1 exam every 12 months	You pay \$20 copay 1 exam every 12 months	You pay balance over \$45 1 exam every 12 months
Eyeglass Lenses	<ul style="list-style-type: none"> Copay included with exam 1 pair lenses every 24 months, or every 12 months with prescription change Plan covers single vision, lined bifocal, lined trifocal and standard progressives 20 – 25% savings on other lens enhancements 	<ul style="list-style-type: none"> Copay included with exam 1 pair lenses every 12 months Plan covers single vision, lined bifocal, lined trifocal lenses Progressive lenses covered in full 20 – 25% savings on other lens enhancements 	Member pays balance over following amounts under both plans: <ul style="list-style-type: none"> Single lenses: \$30/pair Bifocal lenses: \$50/pair Trifocal lenses: \$65/pair Lenticular lenses: 100/pair Progressives: \$50/pair
Frames	<ul style="list-style-type: none"> Available every 24 months \$130 allowance for frame \$150 allowance for Marchon & Altair feature frames 20% discount off out-of-pocket costs 	<ul style="list-style-type: none"> Available every 12 months \$200 allowance for frame \$220 allowance for Marchon & Altair feature frames 20% discount off out-of-pocket costs 	Vision Option: - Every 24 months Vision Plus Option: - Every 12 months You pay balance over \$70
Contact Lenses (Instead of glasses)	<ul style="list-style-type: none"> Available every 24 months \$130 allowance towards contact lens material and contact lens exam Employee pays balance over allowance 	<ul style="list-style-type: none"> Available every 12 months \$150 allowance towards contact lens material and contact lens exam Employee pays balance over allowance 	Vision Option: - Every 24 months Vision Plus Option: - Every 12 months You pay balance over \$105 allowance
Diabetic Eyecare Plus	<ul style="list-style-type: none"> Additional medical eye care services for Type 1 & Type 2 diabetes As needed after a \$20 copay 	<ul style="list-style-type: none"> Additional medical eye care services for Type 1 & Type 2 diabetes As needed after a \$20 copay 	n/a