VSP VISION PLANS

	BASE PLAN	BUY-UP PLAN
Frequencies	**$20 exam/$50 materials**	**$10 exam/$25 materials**
Examination	Every calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year
Frame	Every calendar year	Every calendar year
Benefits with a VSP Network Provider		
Exam copay	$20 copay	$10 copay
Contact Lens Examination	Up to $60 copay	Up to $60 copay
Essential Medical Eye Care	$20 copay	$20 copay
Retinal Screening	Up to $39	Up to $39
Lenses		
Single Vision	$50 copay	$25 copay
Lined Bifocal	$50 copay	$25 copay
Lined Trifocal	$50 copay	$25 copay
Lenticular	$50 copay	$25 copay
Allowances*		
Retail Frame Allowance	$145	$200
Featured Frame Brand Allowance	$195	$250
Costco/Walmart Equivalent Frame	$80	$110
Necessary Contact Lenses	Covered in full	Covered in full
Elective Contact Lenses *In lieu of lenses and frames*	$120	$200
VSP Lightcare *In lieu of prescription glasses or contacts*	$145	$200

Lens Enhancement Out-of-pocket Cost		
Anti-Reflective Coating	$41-85	Covered in full
Polycarbonate Lenses	$35	Covered in full
Standard Progressives	$0	Covered in full
Premium/Custom Progressives	$95-$175	$25 copay
Tints/Photochromic	$75	Covered in full
UV Coating	$10	Covered in full
Scratch Coating	$17	Covered in full
All Other Discounted Lens Enhancements	Average savings 30% on lens enhancements	Average savings 30% on lens enhancements
Out-of-Network Provider Allowances		
Examination	$45	$45
Single Vision	$30	$30
Lined Bifocal	$50	$50
Lined Trifocal	$65	$65
Progressive Lenses	$50	$50
Frame	$70	$70
Necessary Contact Lenses	$210	$210
Elective Contact Lenses *In lieu of lenses or frames*	$105	$105
RATES–Bi-weekly	Base Plan	Buy-Up Plan
Teammate Only	$.21	$3.78
Teammate + Spouse	$.44	$8.10
Teammate + Child/ren	$.44	$8.10
Teammate + Family	$.44	$8.10