

VISION

The VSP Vision plan provides participants with access to a large network of vision care providers. To locate a network provider, please visit www.vsp.com. If you decide not to see a VSP doctor, the Out-of-Network copay will apply. Your VSP benefits are a tremendous part of your overall benefits package. There are no ID cards necessary for this plan.

If you enroll in a medical plan, you will automatically be enrolled into the Basic Vision plan, at no additional cost. You will also have the option to enroll in the Optional Plus plan, at an additional cost. If you waive medical coverage, you can only elect to enroll in the Optional Plus plan, at an affordable bi-weekly premium.

	VSP VISION- BASIC		VSP VISION- OPTIONAL PLUS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Frequency				
Examination	1x every 12 months		1x every 12 months	
Frames	1x every 24 months		1x every 12 months	
Eyeglass lenses	1x every 24 months		1x every 12 months	
Contacts (elective)	1x every 24 months		1x every 12 months	
Benefit				
Examination	\$10 copay	Plan pays up to \$45	\$10 copay	Plan pays up to \$45
Frames	\$120 allowance, plus 20% discount on remaining balance	Plan pays up to \$47	\$175 allowance, plus 20% discount on remaining balance	Plan pays up to \$47
Lenses	Plan pays 100% of basic lens	Plan pays up to \$45	Plan pays 100% of basic lens	Plan pays up to \$45
Contacts (elective)*	Fitting & eval exam: up to \$10 copay then Plan pays 100%; contact lenses reimbursed up to \$120*; 15% discount on contact lens exam	Plan pays up to \$105	Fitting and Eval: up to \$10 copay then Plan pays 100%; contact lenses reimbursed up to \$175	Plan pays up to \$105
Enhancements				
Anti-Reflective Coating	\$37 - \$75 copay		\$30 copay	
Polycarbonate Lenses	Covered for dependent children Adults: \$33 copay		Covered (dependent children and adults)	
Standard Progressives	\$50 copay		Covered	

*in lieu of eyeglasses