



Vision Plan Benefits-at-a-Glance

Covered Services		Vision Service Plan - Basic ¹		Vision Service Plan - Premier			
Well Vision Exam		\$10 co-pay every calendar year		\$10 co-pay every calendar year			
Single Vision Lenses		\$25 co-pay every other calendar year ²		\$0 every calendar year			
Lined Bifocal Lenses		\$25 co-pay every other calendar year ²		\$0 every calendar year			
Lined Trifocal Lenses		\$25 co-pay every other calendar year ²		\$0 every calendar year			
Standard Progressive Lenses		100% coverage every other calendar year		100% coverage every calendar year			
Premium Progressive Lenses		\$95–\$105 co-pay every other calendar year		\$25 co-pay every calendar year			
Custom Progressive Lenses		\$150–\$175 co-pay every other calendar year		\$25 co-pay every calendar year			
Standard Anti-Reflective Coating		\$41 co-pay every other calendar year		\$25 co-pay every calendar year			
Premium Anti-Reflective Coating		\$58–\$69 co-pay every other calendar year		\$25 co-pay every calendar year			
Custom Anti-Reflective Coating		\$85 co-pay every other calendar year		\$25 co-pay every calendar year			
Scratch-Resistant Coating		Fully covered every other calendar year		Fully Covered every calendar year			
Frames		\$150 allowance for a wide selection of frames. \$170 allowance for featured frames; 20% savings on amount over the allowance; \$80 allowance at Costco and Walmart/Sam's Club; \$25 co-pay applies; Every other calendar year.		\$300 allowance for a wide selection of frames. \$320 allowance for featured frame; 20% savings on the amount over your allowance; \$165 allowance at Costco and Walmart/Sam's Club; No additional co-pay; Every calendar year.			
Contacts <i>(instead of glasses)</i>		\$150 allowance every other calendar year ²		\$250 allowance every calendar year			
Contact Lens Exam		Up to \$60 co-pay every other calendar year ²		Up to \$60 co-pay every calendar year			
Essential Medical Eye Care <i>(for the treatment of urgent or acute ocular conditions)</i>		\$5 co-pay		\$5 co-pay			
Lightcare		\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue-light filtering glasses, instead of prescription glasses or contacts, every other calendar year.		\$300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue-light filtering glasses, instead of prescription glasses or contacts, every calendar year.			
Vision Care Rates		Vision Service Plan - Basic		VSP - Premier Buy Up (Biweekly)			
		Included with your medical premium.		Employee Only \$5.63 Employee + 1 Dependent \$8.60 Employee + Family \$17.54			
Your Coverage with Out-of-Network Providers							
Visit vsp.com if you plan to see a provider other than a VSP network provider.							
Exam	Up to \$50	Single Vision Lenses	Up to \$45	Lined Trifocal Lenses	Up to \$85	Contacts	Up to \$105
Frame	Up to \$70	Lined Bifocal Lenses	Up to \$65	Progressive Lenses	Up to \$85		

¹VSP Basic Plan coverage is included with your medical premium.

²Under the VSP Basic plan, new lenses may be covered the next year if Rx change is no less than a +/- 0.50 diopter power.

You may also be eligible for "computer glasses" through the Video Terminal Display/Computer Vision Care benefit. Please review your MOU. In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.