



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 ²	Fully Covered every calendar year
Frames	\$150 allowance for a wide selection of frames \$170 allowance for featured frames; 20% savings on amount 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 frames; 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	VSP Service Plan - Basic	Retiree/Survivor Monthly Contribution
	Included with your medical premium.	Retiree/Survivor Only \$12.19 Retiree/Survivor + 1 Dependent \$18.64 Retiree/Survivor + Family \$38.00

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.

In the instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.