

What benefits does the plan offer?

Vision Insurance Schedule			
Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Vision Exam - focuses on your eye health and overall wellness	Every 12 months	\$10 copay	Up to \$52
Laser Vision Correction Discount	Once per eye per lifetime	Average 15% off the regular price or 5% off the promotional price. Available from contracted facilities.	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular	Every 12 months	\$25 copay (lenses and frame)	Up to \$55 Up to \$75 Up to \$95 Up to \$125
Frames	Every 12 months	\$130 allowance for the frame of your choice and 20% off the amount over your allowance.	\$57
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	Every 12 months	\$130 allowance for a contact lens exam (fitting and evaluation) and materials. If you choose contact lenses you will be eligible for frames 12 months from the date the contact lenses were obtained.	Up to \$105
Visually Necessary Contact Lenses <i>Available one time each benefit period.</i>	Visually necessary contact lenses are covered in full when specific benefit criteria are satisfied and when prescribed by a network provider. \$25 copay.		Up to \$210
Additional Glasses and Sunglasses Discount	30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A