

Vision Benefits

Your vision coverage is provided through VSP. When you utilize a provider that participates in the network, discounts will be greater and there are no claim forms necessary. Plan participants also have access to discounted lens upgrade options and lasik eye surgery.

You may view benefits, print an ID card and search for in-network vision providers at www.VSP.com or call 1.800.877.7195 (TTY: 711).

KEY FEATURES AND DETAILS

- Exams, lenses, contact lenses and frames can be purchased once every 12 months.
- Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, Custom LASIK, SMILE, and Contoura
- Discounts are only available from VSP-contracted facilities. Also, custom LASIK coverage only available using wavefront technology, other LASIK procedures may be performed at an additional cost to the member

IMPORTANT TO KNOW

Frequently asked questions

What is a benefit allowance?

A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%. If you choose a frame exceeding your plan allowance, you'll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

Can I get contacts AND glasses in the same calendar year?

No. You can only get contacts OR glasses in the same calendar year, not both.

	IN-NETWORK	OUT-OF-NETWORK
Exams Including Dilation Retinal Imaging Standard Contact Lens Premium Contact Lens	\$10 copay Up to \$39 copay Up to \$40 10% off retail	Up to \$30 N/A N/A N/A
Frames	\$150 Allowance + 20% off balance	\$65 Allowance
Lens Single Vision Bifocal Trifocal Lenticular Standard Progressive	\$15 copay \$15 copay \$15 copay \$15 copay \$15 copay	\$25 Allowance \$40 Allowance \$60 Allowance \$100 Allowance \$40 Allowance
Contact Lenses Conventional Disposable Medically Necessary	\$30 Allowance + 15% off balance \$130 Allowance Covered 100%	\$104 Allowance \$104 Allowance \$200 Allowance
Diabetic Eye Care (up to 2 services per year) Exam Retinal Imaging Extended Ophthalmoscopy Gonioscopy Scanning Laser	\$0 \$0 \$0 \$0 \$0	\$77 Allowance \$50 Allowance \$15 Allowance \$15 Allowance \$33 Allowance

EMPLOYEE COST PER-PAY-PERIOD

Employee Only	\$2.58
Employee + Spouse	\$5.17
Employee + Child(ren)	\$6.45
Employee + Family	\$9.04