

Vision Plan

Helping to safeguard the eyesight of your employees can boost productivity and reduce absenteeism due to fatigue, headaches, and other vision-related complaints.

Vision Plans		
Benefits	VSP Plan 12/24	VSP Plan 12/12
Frequencies		
Exam	Every 12 months	Every 12 months
Lens	Every 24 months	Every 12 months
Frames	Every 24 months	Every 12 months
Annual Eye Exam	\$10 copay	\$10 copay
Eye Glass Lenses or Frames (Copay applies to a complete pair of glasses or frames)	\$25 copay	\$25 copay
Frames		
Allowance	\$130	\$150
Lens (per pair)		
Single Vision	Covered in full	Covered in full
Bifocal	Covered in full	Covered in full
Trifocal	Covered in full	Covered in full
Lenticular	Covered in full	Covered in full
Lens Enhancements	Member Cost	Member Cost
Progressive Lens	Difference between base lens and progressive lens	Difference between base lens and progressive lens
Standard Polycarbonate	Covered in full for children, \$33 adults	Covered in full for children, \$33 adults
Scratch Resistant Coating	\$17-33	\$17-33
Anti-Reflective Coating	\$43-\$85	\$43-\$85
Ultraviolet Coating	\$16	\$16
Contact Lens (In place of exam, lens, and frames)	Up to \$130	Up to \$150
Fit & Follow Up Exams	Member cost up to \$60	Member cost up to \$60



VSP Participating
Retail Chains:



This benefits guide is intended to provide a brief description of benefits and subject to change. Please refer to the Summary of Benefits for each plan for a complete description of coverage and list of exclusions, limitations, terms and conditions.