

Summary of Benefits

	Basic Vision Plan In-Network	Enhanced Vision Plan In-Network
Frequency		
Examination	Every Calendar Year	Every Calendar Year
Lenses	Every Calendar Year	Every Calendar Year
Frame	Every Other Calendar year	Every Calendar Year
Benefits with a VSP® Network Provider		
Comprehensive Eye Examination	\$0	\$0
Contact Lens Examination	Up to a \$60 copay	Up to a \$60 copay
Essential Medical Eye Care	\$20 per visit	\$0
Lenses		
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
Allowances		
Retail Frame Allowance	\$120	\$200
Feature Frame Brand Allowance	\$140	\$220
Walmart and Sam's Club Frame Allowance	\$65	\$110
Costco Frame Allowance	\$65	\$110
Elective Contact Lenses	\$120	\$200
Necessary Contact Lenses	Covered in Full	Covered in Full
VSP Light Care	N/A	Frame and lens allowance can be used toward non-prescription sunglasses or non-prescription blue light filtering glasses

	Basic Vision Plan In-Network	Enhanced Vision Plan In-Network
Lens Enhancement Out-of-Pocket Cost		
Anti-Glare Coating	\$41 - \$85	\$41 - \$85
Impact Resistant Lenses, Children	Covered in Full	Covered in Full
Impact Resistant Lenses, Adult	\$35	\$35
Standard Progressive Lenses	Covered in Full	Covered in Full
Custom/Premium Progressive Lenses	\$95 - \$175	\$95 - \$175
Light Reactive Lenses	\$75	\$75
UV Coating	\$10	\$10
Scratch-Resistant Coating	\$17	\$17
Non-VSP Provider Allowance		
Examination	\$45	\$45
Single Vision	\$30	\$30
Bifocal	\$50	\$50
Trifocal	\$65	\$65
Lenticular	\$100	\$100
Progressive Lenses	\$50	\$50
Frame	\$70	\$70
Elective Contact Lenses	\$105	\$105
Necessary Contact Lenses	\$210	\$210