

Vision

Embedded Vision under Medical Plan

Vision Benefit included at no premium charge for
employee & dependents based on elected Medical Plan

\$0.00

#1



Deductible Type	In-Network	Out-of-Network
Routine Eye Exams (per calendar year)	\$10 co-pay	No Coverage
Vision Hardware -Under 19- (per calendar year)	1 pair glasses/frames or contacts (covered at 100%)	No Coverage
Vision Hardware -Over 19-	100% coverage up to Max Allowance of \$300 (per calendar year)	No Coverage

#2



(reference VSP Benefit Summary)

Vision



Bonus Vision Benefit:

Vision Benefit included at no premium charge for employee & dependents based on elected Medical Plan

\$0.00

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM⁺	- Focuses on your eyes and overall wellness - Routine retinal screening	\$0 Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	\$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$15	See frame and lenses
FRAME⁺	\$215 Featured Frame Brands allowance \$195 frame allowance 20% savings on the amount over your allowance \$95 Walmart/Sam's Club/Costco frame allowance	Included in Prescription Glasses	Every 24 months
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS⁺	- Standard progressive lenses - Anti-glare coating - Scratch-resistant coating - UV protection - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements	\$0 \$0 \$0 \$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	\$155 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
ADDITIONAL PAIR OF EYEWEAR	Frame \$195 frame allowance or \$215 Featured Frame Brands allowance 20% savings on the amount over your allowance	\$20 for frame and lenses	Every 24 months for frame
	Lenses - Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children and standard progressive lenses are covered-in-full - Average savings of 30% on other lens enhancements	Combined with frame	Every 12 months for lenses
	Contacts (instead of glasses) \$155 allowance for additional contacts - Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months for contacts
COMPUTER VISIONCARE[™] (EMPLOYEE-ONLY COVERAGE)	Exam: Evaluates your needs related to prescription glasses for computer use Frame and Lenses: \$100 frame allowance or \$120 Featured Frame Brands allowance 20% savings on the amount over your allowance - Single vision, lined bifocal, lined trifocal lenses, and occupational lenses - Scratch-resistant coating is covered-in-full	\$10	Every 12 months
ADDITIONAL SAVINGS	Glasses and Sunglasses - Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		