



Vision Plan

January 1 – December 31, 2021



Benefit Features		
	Vision Service Plan	
Choice of Doctor	Any provider. However, the plan pays higher benefits if you receive care from a VSP Network doctor.	
	In-Network	Out-of-Network
Copay	\$15 per individual	\$15 per individual
Annual Eye Exam	Plan pays 100% per plan year	Plan pays up to \$40 per exam per plan year
Lenses*	Plan pays 100% for one pair per plan year	Contact plan for specific details
<ul style="list-style-type: none"> • Single Vision, Lined Bifocal, Lined Trifocal, Standard Progressives • Polycarbonate Lenses & Scratch Resistant Coating • Specialty, or Oversize 	Contact plan for specific details	Contact plan for specific details
	Average savings of 35% – 40% on lens enhancements	You pay additional retail costs over the allowance
Frames*	Plan pays 100% of retail price up to \$150 for in-network providers, or \$70 at Costco; 20% savings on any amount over the allowance	Plan pays up to \$45; you pay retail price over \$45
Contact Lenses*	Up to \$130 for contact lens fitting, evaluation & materials	Up to \$105 for contact lens fitting, evaluation & materials
<ul style="list-style-type: none"> • Cosmetic • Medically Necessary 	Plan pays 100% per plan year	Up to \$210 for contact lens fitting, evaluation & materials
Laser Eye Surgery	\$500 per eye per lifetime	
Cost for Coverage		
Per Pay Period**		
<ul style="list-style-type: none"> • Employee Only • Employee + 1 • Employee + 2 or more 	\$4.67	\$10.79
	\$10.79	\$14.63

* Vision plans will cover lenses or contacts each year, and frames once every other year (24 months).

** Excluding the third pay periods in the months of April and October.

NOTES: (1) Call VSP Customer Service at 888-877-7195 or visit the VSP website at www.vsp.com, for a list of member doctors in your area. A participating doctor will call VSP to verify your eligibility. (2) Additional glasses are available with a 30% discount from the same VSP doctor on the same day as your WellVision Exam