

Your Vision Care

Plan Feature	Coverage When You Use VSP Providers	Coverage When You Use Non-VSP Providers
Copays Exam / Materials	\$15 / \$25	\$15 / \$25
Well Vision Exam (every 12 mos.)	Plan pays 100% after \$15 copay	Plan pays up to \$45 after \$15 copay
Glasses	\$25 copay	\$25 copay
<ul style="list-style-type: none"> • Lenses (every 12 mos.) 	Plan pays 100% after \$25 copay (includes single vision, bifocal and trifocal)	Plan pays up to: <ul style="list-style-type: none"> • Single Vision – \$30 • Bifocal – \$50 • Trifocal – \$65
<ul style="list-style-type: none"> • Eyeglass Frames* (every 24 mos.) 	Plan pays up to \$150 frame allowance, 20% discount on the amount over the frame allowance	Plan pays up to \$70
Contact Lenses (once every 12 mos., may be used in lieu of other lens and frame benefits)	Plan pays \$150 allowance for contact lenses and the exam fitting. If you choose contact lenses you are eligible for frames 12 mos. from the date contact lenses were obtained.	Plan pays up to \$105 for contact lenses and the exam and fitting. If you choose contact lenses you are eligible for frames 12 mos. from the date contact lenses were obtained.
Discounts and Savings	<ul style="list-style-type: none"> • 20% savings on additional glasses and sunglasses from your VSP doctor (must be purchased the same day as your Well Vision exam, 20% discount offered within 12 mos. of your exam if not purchased on the same day) • 15% savings on the cost of contact lens exam (fitting and evaluation) • From 5% to 15% savings on the cost of Laser Vision correction from contracted facilities 	

* \$80 allowance for Frames if received at Costco.