## Vision Insurance 💿



## Vision Service Plan (VSP)

You have the option to enroll in a vision insurance plan through Vision Service Plan. You may visit <u>www.vsp.com</u> to find participating providers in your area. No ID Card is necessary for your provider to file claims with Vision Service Plan.

Covered Services		In- Network	Out-of-Network Providers
Well Vision Exam	<ul> <li>Focuses on your eyes and overall wellness</li> <li>One every calendar year (two per year for dependent children to age 19*)</li> </ul>	\$20 Copay	Reimbursed up to \$45
Lenses	<ul> <li>Single vision, lined bifocal, and lined trifocal polycarbonate lenses</li> <li>Every calendar year (more frequent lenses for children may be covered in full if prescription changes*)</li> </ul>	\$20 Copay	Reimbursed up to \$30 (single vision), \$50 (lined bifocal) and \$65 (lined trifocal)
	Standard progressive	\$20 Copay	Reimbursed up to \$50
	Pediatric Lenses (Polycarbonate or Photochromic)	\$0 Copay	Not Covered
Frames	<ul> <li>\$130 allowance for a wide selection of frames + 20% off balance</li> <li>Every other calendar year (one per year for dependent children*)</li> </ul>	Included in materials copay	Reimbursed up to \$70
Contacts (in lieu of glasses)	<ul> <li>Elective: \$130 allowance for contacts plus 15% off balance; copay does not apply</li> <li>Exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60 for fitting exam	Reimbursed up to \$105 for contacts and exam
J()	<ul><li>Medically necessary</li><li>Every calendar year</li></ul>	Covered in full	Reimbursed up to \$210 for contacts and exam

Unless stated differently above, dependent children are covered to age 19 or to age 23 if full time student

VSP	Bi-Weekly Contributions	
Employee Only	\$3.21	
Employee + Spouse	\$6.42	
Employee + Children	\$6.58	
Employee + Family	\$9.80	