

VSP Vision Plan

	VSP Vision Core		VSP Vision Enhanced	
Frequencies				
Exam	Once per calendar year		Once per calendar year	
Lenses/Contacts	Once per calendar year		Once per calendar year	
Frames	Once every two calendar years		Once per calendar year	
Service	In-Network (What You Pay)	Out-of-Network (What You Pay)	In-Network (What You Pay)	Out-of-Network (What You Pay)
Exam	\$10 copay	\$40 copay	\$10 copay	\$40 copay
Contact Lens Exam	\$40 copay	N/A	\$40 copay	N/A
Essential Medical Eye Care	\$20 copay	N/A	\$20 copay	N/A
Retinal Screening	\$39 copay	N/A	\$39 copay	N/A
Frames				
Retail Frame Allowance	100% after plan pays up to \$210	100% after plan pays up to \$80	100% after plan pays up to \$180	100% after plan pays up to \$80
Featured Frame Brand Allowance	100% after plan pays up to \$230	100% after plan pays up to \$80	100% after plan pays up to \$200	100% after plan pays up to \$80
Costco Equivalent Frame	100% after plan pays up to \$115	100% after plan pays up to \$80	100% after plan pays up to \$100	100% after plan pays up to \$80
Lenses				
Single	\$20 copay	100% after plan pays up to \$40	\$20 copay	100% after plan pays up to \$40
Bifocal	\$20 copay	100% after plan pays up to \$60	\$20 copay	100% after plan pays up to \$60
Trifocal	\$20 copay	100% after plan pays up to \$80	\$20 copay	100% after plan pays up to \$80
Lenticular	\$20 copay	N/A	\$20 copay	N/A
Contact Lenses				
Elective	100% after plan pays up to \$150	100% after plan pays up to \$110	100% after plan pays up to \$150	100% after plan pays up to \$110
Additional Benefits				
Additional Frames & Allowances	N/A		Your choice of one of the following once per calendar year : • Additional \$100 allowance for frames or contacts; OR • Progressive lenses covered in full; OR • Anti-Reflective coating covered in full; OR • Photochromic lenses covered in full Note: The additional allowance can be used differently by each person covered (e.g., one person can use it toward frames, one can use it toward lenses, etc.)	