

PLAN COMPARISON FROM VSP®



	STANDARD PLAN*	PREMIUM PLAN*
Copay	\$15 Exam / \$25 Materials	\$10 Exam / \$20 Materials
Exam	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Frame	Every 12 months	Every 12 months
VSP PROVIDER		
WellVision Exam*	Covered after \$15 copay	Covered after \$10 copay
Contact Lens Exam	15% savings on contact lens exam	15% savings on a contact lens exam
Lenses: Single Vision, Lined Bifocal, Lined Trifocal, Lenticular	Covered after \$25 materials copay	Covered after \$20 materials copay
Impact-resistant (polycarbonate) Lenses for Children	Covered with no copay	Covered with no copay
Maximum Copay on Lens Enhancements	Average savings of 20-25% on other lens enhancements	Average savings of 20-25% on other lens enhancements
Anti-glare Coating	\$41-\$85 copay	\$41-\$85 copay
Impact-resistant (polycarbonate) Lenses	\$31-\$35 copay	\$31-\$35 copay
Progressive Lenses (no-line bi/trifocals, ranging from standard to custom)	\$0-\$175 copay	\$0-\$120 copay
Light-to-dark Lens Tinting (photochromic adaptive lenses)	\$70-\$82 copay	\$70-\$82 copay
Scratch-resistant Coating	\$17-\$33 copay	\$17-\$33 copay
Frames	\$150 allowance every 12 months OR \$170 allowance on a featured frame brand	\$200 allowance every 12 months OR \$220 allowance on a featured frame brand
Elective Contact Lenses*	\$150 allowance every 12 months	\$200 allowance every 12 months
Necessary Contact Lenses**	N/A	N/A
NON-VSP PROVIDER (OUT-OF-NETWORK) REIMBURSEMENT AMOUNT		
Examination	Up to \$45	Up to \$45
Lenses: Single Vision, Lined Bifocal, Lined Trifocal, Lenticular	Up to \$30 Up to \$50 Up to \$65 Up to \$100	Up to \$30 Up to \$50 Up to \$65 Up to \$100
Progressive Lenses (no-line bi/trifocals, ranging from standard to custom)	Up to \$50	Up to \$50
Frames	Up to \$70	Up to \$70
Elective Contact Lenses	Up to \$105	Up to \$105
Necessary Contact Lenses**	N/A	N/A
FULLY-INSURED PROGRAM		
Member Only Member + One Member + Family	Annual or Monthly	Annual or Monthly
Contract Term	12 months	12 months
Healthy Vision Association	N/A	\$18 annual enrollment fee where applicable, every 12 months
Plan Availability	Available in all states	Available in all states except Florida, New York, Oregon, and Washington

*Plans have exclusions and limitations.

**Contact lenses are in lieu of spectacle lenses and frames once every 12 months.