

## Summary of Benefits

	Basic Vision Plan In-Network	Enhanced Vision Plan In-Network
Frequency		
Examination	Every Calendar Year	Every Calendar Year
Lenses	Every Calendar Year	Every Calendar Year
Frame	Every Other Calendar year	Every Calendar Year
<b>Benefits with a VSP® Network Provider</b>		
Comprehensive Eye Examination	\$0	\$0
Contact Lens Examination	Up to a \$60 copay	Up to a \$60 copay
Essential Medical Eye Care	\$20 per visit	\$0
<b>Lenses</b>		
Single Vision	Covered in Full	Covered in Full
Bifocal	Covered in Full	Covered in Full
Trifocal	Covered in Full	Covered in Full
Lenticular	Covered in Full	Covered in Full
<b>Allowances</b>		
Retail Frame Allowance	\$120	\$200
Feature Frame Brand Allowance	\$140	\$220
Walmart and Sam's Club Frame Allowance	\$65	\$110
Costco Frame Allowance	\$65	\$110
Elective Contact Lenses	\$120	\$200
Necessary Contact Lenses	Covered in Full	Covered in Full
VSP Light Care	N/A	Frame and lens allowance can be used toward non-prescription sunglasses or non-prescription blue light filtering glasses

	Basic Vision Plan In-Network	Enhanced Vision Plan In-Network
Lens Enhancement Out-of-Pocket Cost		
Anti-Glare Coating	\$41 - \$85	\$41 - \$85
Impact Resistant Lenses, Children	Covered in Full	Covered in Full
Impact Resistant Lenses, Adult	\$35	\$35
Standard Progressive Lenses	Covered in Full	Covered in Full
Custom/Premium Progressive Lenses	\$95 - \$175	\$95 - \$175
Light Reactive Lenses	\$75	\$75
UV Coating	\$10	\$10
Scratch-Resistant Coating	\$17	\$17
Non-VSP Provider Allowance		
Examination	\$45	\$45
Single Vision	\$30	\$30
Bifocal	\$50	\$50
Trifocal	\$65	\$65
Lenticular	\$100	\$100
Progressive Lenses	\$50	\$50
Frame	\$70	\$70
Elective Contact Lenses	\$105	\$105
Necessary Contact Lenses	\$210	\$210