

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$10 Exam	\$10 Exam
	\$20 Eye Glass Lenses or Frames*	\$20 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Participant cost up to \$60	Not covered

Lens Options (participant cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full	Not covered
Solid Plastic Dye	Covered in full	Not covered
Plastic Gradient Dye	Covered in full	Not covered
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	Not covered
Scratch Resistant Coating	Covered in full	Not covered
Anti-Reflective Coating	Covered in full	Not covered
Ultraviolet Coating	Covered in full	Not covered

*Lens Option participant costs vary by prescription, option chosen and retail locations.

Basic Plan

Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$150**	Up to \$75
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco and Walmart allowance will be the wholesale equivalent.

Monthly Rates

Employee Only (EE)	\$6.99
EE + 1 Dependent	\$12.51
EE + 2 or more Dependents	\$19.42

Basic Plus Plan

Elective	Up to \$200	Up to \$145
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$200**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco and Walmart allowance will be the wholesale equivalent.

Monthly Rates

Employee Only (EE)	\$8.46
EE + 1 Dependent	\$14.97
EE + 2 or more Dependents	\$22.65

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