VISION – EMPLOYER SPONSORED or VOLUNTARY

Carrier	VSP® Vision Care[2,3,4,5]					
Plan Name	Silver ER Sponsored Only		Gold		Platinum	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Eye Examination	$20[1] Copay	Up to $45	$10 Copay	Up to $45	$10 Copay	Up to $45
Frames	$180 Allowance	Up to $70	$180 Allowance	Up to $70	$180 Allowance	Up to $70
Standard Lenses						
Single Vision	Covered In Full	Up to $30	$25 Copay	Up to $30	$25 Copay	Up to $30
Lined Bifocal	Covered In Full	Up to $50	$25 Copay	Up to $50	$25 Copay	Up to $50
Lined Trifocal	Covered In Full	Up to $65	$25 Copay	Up to $65	$25 Copay	Up to $65
Standard Progressive	Covered In Full	Up to $50	Covered In Full	Up to $50	Covered In Full	Up to $50
Contact Lenses (in lieu of lenses & frames)	$150 Allowance	Up to $105	$150 Allowance	Up to $105	$150 Allowance	Up to $105
Benefit Frequency*	12/24/24	12/24/24	12/12/24	12/12/24	12/12/12	12/12/12

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

* Benefit Frequency - Exams/lenses/frames

1 The $20 Copay applies to exam and/or materials once in an eligibility period

2 Average 20%-25% savings on non-covered lens enhancements.

3 20% off additional glasses and sunglasses, including lens options, from any VSP Vision Care doctor within 12 months of your last WellVision Exam

4 Includes $250 per eye laser surgery benefit (in-network)

5 Sun Care included- provides Plano Sunglasses to members who do not have a prescription.

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