

Vision

Vision Plan Details

		In-network Provider	Out-of-network Provider
Routine Eye Exam Every calendar year		\$10 copay	\$50 allowance
Frames Every other calendar year; if lenses and frames are purchased together, the combined copay is \$25		\$25 copay \$230 frame allowance; 20% savings on the amount over your allowance	\$70 allowance per two years
Standard Lenses Single vision, lined bifocal, lined trifocal; polycarbonate Every calendar year		\$25 copay	Single: \$50 Bifocal: \$75 Trifocal: \$100 (allowance per year)
Contacts Every calendar year	Medically Necessary	\$25 copay	\$300 allowance per year
	Cosmetic	\$180 allowance per year applied to contact lenses and contact lens exam (fitting and evaluation)	\$120 allowance per year
Discounts: Visit VSP.com to learn about discounts on laser vision correction and soft contact lenses.			