

VISION PLUS PLAN

Under the Vision PLUS Plan, you can see an in-network VSP provider or an out-of-network provider, but the plan will pay a higher level of benefits if you see an in-network provider. To find an in-network provider, visit www.vsp.com. Keep in mind that the medical plan options still cover an annual in-network non-corrective eye exam — but if you enroll in the Vision PLUS Plan, you will also have coverage for a corrective eye exam, lenses, frames and contacts.

The following chart shows the services covered under the Vision PLUS Plan.

VISION PLUS PLAN — VSP		
	IN-NETWORK	OUT-OF-NETWORK
Eye exam, including corrective exam and contact lens fitting and evaluation (once per calendar year)	Covered 100%	Reimbursed up to \$45
Frames (once every two calendar years)	Covered up to \$150; 20% discount on any amount over \$150	Reimbursed up to \$70
Lenses (once per calendar year) <ul style="list-style-type: none"> – Single – Bifocal – Trifocal – Lenticular 	Covered 100% Covered 100% Covered 100% Covered 100%	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 Reimbursed up to \$100
Progressive lenses (once per calendar year) <ul style="list-style-type: none"> – Standard – Premium – Custom 	VSP member cost: \$55 VSP member cost: \$95 – \$105 VSP member cost: \$150 – \$175	Reimbursed up to \$50 Reimbursed up to \$50 Reimbursed up to \$50
Contacts (once per calendar year in lieu of eyeglass lenses; applies to all three items below) <ul style="list-style-type: none"> – Elective – Medically necessary – Contact lens fitting and evaluation 	Covered up to \$130 Covered 100% Covered 100%	Reimbursed up to \$105 Reimbursed up to \$105 Included in eye exam reimbursement above
Second annual eye exam related to diabetic eye disease, glaucoma or age-related macular degeneration (AMD)	\$20 copay	Not covered