VSP Vision Plan

	VSP Vision Core		VSP Vision Enhanced	
Frequencies				
Exam	Once per calendar year		Once per calendar year	
Lenses/Contacts	Once per calendar year		Once per calendar year	
Frames	Once every two calendar years		Once per calendar year	
Service	In-Network (What You Pay)	Out-of-Network (What You Pay)	In-Network (What You Pay)	Out-of-Network (What You Pay)
Exam	$10 copay	$40 copay	$10 copay	$40 copay
Contact Lens Exam	$40 copay	N/A	$40 copay	N/A
Essential Medical Eye Care	$20 copay	N/A	$20 copay	N/A
Retinal Screening	$39 copay	N/A	$39 copay	N/A
Frames				
Retail Frame Allowance	100% after plan pays up to $180	100% after plan pays up to $80	100% after plan pays up to $180	100% after plan pays up to $80
Featured Frame Brand Allowance	100% after plan pays up to $200	100% after plan pays up to $80	100% after plan pays up to $200	100% after plan pays up to $80
Costco Equivalent Frame	100% after plan pays up to $100	100% after plan pays up to $80	100% after plan pays up to $100	100% after plan pays up to $80
Lenses				
Single	$20 copay	100% after plan pays up to $40	$20 copay	100% after plan pays up to $40
Bifocal	$20 copay	100% after plan pays up to $60	$20 copay	100% after plan pays up to $60
Trifocal	$20 copay	100% after plan pays up to $80	$20 copay	100% after plan pays up to $80
Lenticular	$20 copay	N/A	$20 copay	N/A
Contact Lenses				
Elective	100% after plan pays up to $150	100% after plan pays up to $110	100% after plan pays up to $150	100% after plan pays up to $110
Additional Benefits				
Additional Frames & Allowances	N/A		Your choice of **one of the following once per calendar year**: • Additional $100 allowance for frames or contacts; OR • Progressive lenses covered in full; OR • Anti-Reflective coating covered in full; OR • Photochromic lenses covered in full **Note:** The additional allowance can be used differently by each person covered (e.g., one person can use it toward frames, one can use it toward lenses, etc.)	