

Vision Comparison

	ENHANCED		MATERIALS ONLY	
	VSP		VSP	
	COPAY	FREQUENCY	COPAY	FREQUENCY
Exam	\$15	Once every 12 months	Not covered	Not covered
Lenses	\$15	Once every 12 months	\$10	Once every 12 months
Frames	Up to \$210	Once every 12 months	Up to \$175	Once every 12 months
Contact Lenses**	Up to \$210	Once every 12 months, in lieu of glasses	Up to \$175	Once every 12 months, in lieu of glasses

* Please refer to plan documents for out-of-network benefits and additional details

** Contact lens coverage provided in lieu of frames and lenses