



Voluntary vision for all members		
VSP choice network		
Covered charges	Benefit	Frequency
Exams	\$10 copay	1 per 12 months
Prescription glasses	\$25 copay	
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for dependent children under age 18	1 pair per 12 months
Frames*	\$130 allowance for a wide selection of frames; 20% off amount over allowance ¹	1 set per 24 months
Elective contacts	Up to \$60 copay for standard and premium elective contact lens exams (fitting and evaluation)	1 per 12 months
	\$130 allowance for elective contacts	Instead of lens and frames benefit
Necessary contacts ²	\$25 copay	1 per 12 months
	Covered in full for members who have specific conditions. Contact lenses can be chosen instead of glasses.	Instead of lens and frames benefit
Lens enhancements ¹	\$0 copay standard progressive lenses	1 per 12 months
	Most other popular options are covered after a copay, saving members an average of 30%. Members should see their doctor for special pricing on additional lens enhancements.	
Additional savings ¹	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses.	



...continued

Non-network providers

Covered charges	Benefit ³	Frequency
Vision exams	Up to \$45	1 per 12 months
Single vision lenses	Up to \$30	1 pair per 12 months
Lined bifocal lenses	Up to \$50	1 pair per 12 months
Lined trifocal lenses	Up to \$65	1 pair per 12 months
Lenticular lenses	Up to \$100	1 pair per 12 months
Frames	Up to \$70	1 set per 24 months
Elective contacts	Up to \$105	1 per 12 months Instead of lens and frame benefits
Necessary contacts ²	Up to \$210	1 per 12 months Instead of lens and frame benefits

¹ Based on applicable laws; benefit may vary by doctor location. Savings may not apply at participating retail chains.

² Prescribed to correct extreme visual problems that cannot be corrected with regular lenses.

³ The benefit amount is the lesser of the maximum payment limit or billed amount minus the applicable copay.

*VSP has agreements established with some participating retail chain providers that may also provide benefits for this covered service. Up to a \$70 allowance is given for a wide selection of frames from Costco or Walmart/Sam's Club. Not all providers at participating retail chains are in-network for exam services. Please talk to your provider or contact VSP customer care for further details.

Highlights

Participation	20% or 5 lives, whichever is greater
Eligibility	Employee: Eligible Employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents. Dependent: Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.
Open enrollment period	Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.
Coordination of benefits	Benefits from two or more carriers are limited up to 100% of the claimant's covered expenses.