## **VISION PLAN**



WPI provides your vision plan through VSP. For more details on your vision benefit and for exclusive savings and promotions for members, visit <u>vsp.com</u>.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
WellVision Exam	Focuses on your eyes and overall wellness	\$20	Every 12 months
Prescription Glasses		\$20	See frames and lenses
Frame	<ul> <li>\$180 allowance for a wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$70 allowance at Costco</li> </ul>	Included in Prescription Glasses	Every 24 months
Lenses	<ul><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Polycarbonate lenses for dependent children</li></ul>		Every 12 months
Lens Enhancements	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> </ul> Average savings of 35-40% on other lens enhancements	\$50 \$80-\$90 \$120-\$160	
Contacts (instead of glasses)	<ul><li>\$130 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every 12 months

## **Vision Plan Premiums**

	VSP VISION PLAN	
PRE-TAX PAYROLL DEDUCTIONS	BI-WEEKLY	
Single	\$3.97	
Employee + 1	\$5.77	
Family	\$10.34	

