2027 Open Enrollment

Vision Plan Design of FOP, IAFF



	Frequency	In-Network	Out-of-Network
Network Name	**VSP Enhanced Advantage**		
Eye Exam	Once every calendar year	$0 Copay	Reimbursed up to $35
Lenses • Single Vision • Bifocal • Trifocal	Once every calendar year	$0 Copay	Reimbursed up to $35 Reimbureed up to $50 Reimbursed up to $60
Standard Progressive Lenses	Once every calendar year	$55 Copay	Reimbursed up to $50
Frames	Once every other calendar year	$150 Allowance, then 20% off balance	Reimbursed up to $35
Elective Contacts	Once every calendar year	$150 Alowance	Reimbursed up to $150
Cosmetic Contact Lenses • Employee Only • Spouse and Dependents Only	Once Every calendar year	$150 Allowance	Reimbursed up to $150 Reimbursed up to $150



NOTE: This Benefits Summary provides a brief overview of your employer's benefit programs and is for informational purposes only. For exact terms, please review the employee handbook and the official carrier plan documents. If there is any conflict between this summary and those governing documents, the governing documents will control.

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