

Current Voluntary Vision Plan Information

VSP

This plan is currently offered for Insurance Class 1, 2, 3 and 4

PLAN BENEFITS SUMMARY			
	In-Network	Out-of-Network	Frequency
Exam Copay	\$20	\$20	Once per Calendar Year
Exam Allowance	100%	\$50	Once per Calendar Year
Materials Copay	\$20	\$20	
Base Lenses			
Single Vision Allowance	100%	\$48	Once per Calendar Year
Bifocal Allowance	100%	\$67	Once per Calendar Year
Trifocal Allowance	100%	\$86	Once per Calendar Year
Lenticular Allowance	100%	\$126	Once per Calendar Year
Contact Lenses			
Elective Allowance	\$130	\$120	Once per Calendar Year
Therapeutic Allowance	100%	\$210	Once per Calendar Year
Frame Retail Allowance	\$130	\$48	Every Other Calendar Year
Materials Allowance	N/A	N/A	N/A

Plan information is for illustrative purposes only. Please consult plan contract for specific benefit levels.