



	VSP Choice Network
<b>Exam Copay</b>	\$10.00
<b>Materials Copay</b>	\$15.00
<b>Frequency Based on Plan Year:</b> Exam: Lenses: Frame:	Calendar Year Calendar Year Calendar Year
<b>VSP Diabetic Eyecare Plus Program<sup>SM</sup></b>	\$20 copay per visit
<b>Exam Coverage</b>	
<b>WellVision Exam<sup>®</sup></b>	Covered in full after copay
<b>Contact Lens Exam</b> (Fitting & Evaluation)	<b>Standard and Premium fit:</b> Covered in full after copay. Member receives 15% off contact lens exam services; copay will never exceed \$60  15% off not available at Costco <sup>®</sup> Optical
<b>Lens Coverage</b>	
<b>Basic Prescription Lenses:</b> (Glass or plastic) Single vision Lined bifocal Lined trifocal Lenticular	Covered in full after copay
<b>Lens Enhancements</b> Prices shown reflect standard selections; premium or custom options may also be available.	Most popular are covered with a copay, saving an average of 20-25%
Anti-reflective Coating:	Single Vision \$41      Multifocal \$41
Polycarbonate for Children:	\$0      \$0
Polycarbonate for Adult:	\$31      \$35
Standard Progressives:	N/A      \$0
Premium & Custom Progressives:	N/A      \$95 - \$175
Photochromics	\$70      \$82
Scratch-resistant Coating:	\$17      \$17
	Costco <sup>®</sup> Optical prices already include savings. Members will pay the Usual & Customary fee.
<b>Frame Coverage</b>	
<b>VSP Doctors and Retail Chains</b>	\$150 allowance; plus 20% off any amount above the allowance
<b>Costco<sup>®</sup> Optical</b>	\$80 allowance
<b>Contact Lens Coverage</b>	
<b>Elective Contact Lenses</b> (prescription contact lenses, in lieu of glasses)	\$150 allowance
<b>Necessary Contact Lenses</b> Not available at Retail Chains or Costco <sup>®</sup> Optical	Covered in full after copay
<b>Value-added Program</b>	
<b>VSP Laser VisionCare<sup>SM</sup> Program</b> Discounts on LASIK, Custom LASIK, and PRK, plus patient education.	Average 15% off or 5% off promotional offer
<b>Out-of-Network Schedule</b>	
Eye Exam:	\$45.00
Single Vision:	\$30.00
Lined Bifocal:	\$50.00
Lined Trifocal:	\$65.00
Lenticular:	\$100.00
Progressive:	\$50.00
Frame:	\$70.00
Elective Contact Lenses:	\$105.00
Necessary Contact Lenses:	\$210.00