

CSEBO VISION INSURANCE
VSP PPO - OSSA
EFFECTIVE 1/1/2024 - 12/31/2024



GENERAL PLAN INFORMATION		BASE	
Service Frequencies		In-Network	Out-of-Network
Exam Every		12 Months	12 Months
Lenses Every		12 Months	12 Months
Frame Every		24 Months	24 Months
Benefits			
Copays		\$10	\$10
Examination		Covered After Copay	Up To \$45
Prescription Glasses			
Coverage		Contacts OR Glasses	
Frame Allowance		\$150	Up To \$70
Elective Contact Allowance		\$150	Up To \$90
Lenses			
Single Vision		Covered After Copay	Up To \$30
Lined Bifocal		Covered After Copay	Up To \$50
Lined Trifocal		Covered After Copay	Up To \$65
Lense Enhancements (Negotiated Member Share Savings of 20-25%) ¹			
Anti-Reflective Coatings		\$41 - \$85	Provider Rate
Custom Progressive Lenses		\$150 - \$175	Provider Rate
Edge Polish		\$36	Provider Rate
High Index Lenses		\$50 - \$125	Provider Rate
Light-Reactive Lenses		\$75	Provider Rate
Polarized Lenses		\$57 - \$101	Provider Rate
Impact-Resistant Lenses		\$31 - \$35	Provider Rate
Premium Progressive Lenses		\$95 - \$105	Provider Rate
Scratch-Resistant Coating		\$17 - \$33	Provider Rate
Standard Progressive Lenses		No Charge	Provider Rate
Tinted (Colored) Lenses		\$15 - \$17	Provider Rate
UV Protection		\$16	Provider Rate

¹Costco Optical pricing already includes member savings.

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

To access the Uniform Glossary of Health Coverage and Medical Terms, please visit: <http://www.csebo.net/Resources/Uniform-Glossary>.

