

Vision

	VSP Choice Plus Plan
Vision Network	
Network	VSP Choice Network
Plan Year Maximum	
Plan year maximum	N/A
Routine Eye Exam	
Benefit	Plan pays 100% after \$10 copay
Frequency	Once per plan year
Lenses	
Basic lens benefit	\$20 copay (applied towards lenses & frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. Polycarbonate lenses, scratch resistant and UV coatings covered in full
Lens enhancements	\$0 copay for standard progressive lenses; \$15 copay for anti-reflective coating or premium/custom progressive lenses
Frequency	Once per plan year
Frames	
Benefit	Covered in full up to retail allowance of \$300 ; 20% off amount over retail allowance for frames
Frequency	Once per plan year
Contacts (in lieu of frames and lenses)	
Benefit	Covered in full up to retail allowance of \$300
Frequency	Once per plan year
Non-Prescription Benefit	
Benefit	OEBB members can use their frame allowance to pay for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts

¹ Must be enrolled in a Kaiser Medical Plan to enroll in the Kaiser Vision Plan.

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