

CSEBO VISION INSURANCE
VSP PPO COMPARISON
EFFECTIVE 1/1/2025 - 12/31/2025



GENERAL PLAN INFORMATION		BASE		ENHANCED BUY-UP	
Service Frequencies		In-Network	Out-of-Network	In-Network	Out-of-Network
Exam Every		12 Months	12 Months	12 Months	12 Months
Lenses Every		12 Months	12 Months	12 Months	12 Months
Frame Every		24 Months	24 Months	12 Months	12 Months
Benefits					
Copays		\$10	\$10	\$10	\$10
Examination		Covered After Copay	Up To \$45	Covered After Copay	Up To \$45
Contact Lens Fitting		Covered After Copay	Up To \$45	Covered After Copay	Up To \$45
Retinal Imaging		Up to \$39, After \$10 Copay	Up To \$45	Covered After Copay	Up To \$45
Prescription Glasses					
Coverage		Contacts OR Glasses		Contacts AND Glasses	
Frame Allowance		\$150	Up To \$70	\$250	Up To \$70
Elective Contact Allowance		\$150	Up To \$90	\$250	Up To \$105
Lenses					
Single Vision		Covered After Copay	Up To \$30	Covered After Copay	Up To \$30
Lined Bifocal		Covered After Copay	Up To \$50	Covered After Copay	Up To \$50
Lined Trifocal		Covered After Copay	Up To \$65	Covered After Copay	Up To \$65
Lense Enhancements (Negotiated Member Share Savings of 20-25%)¹					
Anti-Reflective Coatings		\$41 - \$85	Provider Rate	\$40 copay ²	Provider Rate
Custom Progressive Lenses		\$150 - \$175	Provider Rate	\$150 - \$175	Provider Rate
Edge Polish		\$36	Provider Rate	\$36	Provider Rate
Light Filer		\$15	Provider Rate	\$15	Provider Rate
High Index Lenses		\$50 - \$125	Provider Rate	\$50 - \$125	Provider Rate
Light-Reactive Lenses		\$75	Provider Rate	\$75	Provider Rate
Polarized Lenses		\$57 - \$101	Provider Rate	\$57 - \$101	Provider Rate
Impact-Resistant Lenses		\$35	Provider Rate	\$35	Provider Rate
Premium Progressive Lenses		\$95 - \$105	Provider Rate	\$95 - \$105	Provider Rate
Scratch-Resistant Coating		\$17 - \$33	Provider Rate	\$17 - \$33	Provider Rate
Standard Progressive Lenses		No Charge	Provider Rate	No Charge	Provider Rate
Tinted (Colored) Lenses		\$15 - \$17	Provider Rate	\$15 - \$17	Provider Rate
UV Protection		\$16	Provider Rate	\$16	Provider Rate

¹Costco Optical pricing already includes member savings.

²Costco Optical pricing may vary.

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>.