



# MAPLETON PUBLIC SCHOOLS

## July 1, 2025 - June 30, 2026

### VSP-VISION INSURANCE RATES

This is only for illustrative and summary purposes. The contents of this summary are subject to the provisions of the policy, which contains all terms, covenants, and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted on the following pages. The benefits in this summary may only be available if required plan procedures are followed (e.g., use of specific providers or facilities).

Summary of Covered Benefits	VSP - Option 1	VSP - Option 2
	<b>In-Network</b>	<b>In-Network</b>
<b>Annual Well-Vision Exam</b>	<b>\$10 Copay</b>	<b>\$10 Copay</b>
<b>Frame</b>	<b>\$175 allowance</b>	<b>\$175 allowance</b>
<b>Enhanced Featured Frame</b>	<b>Additional \$50 for featured frame brands (see <a href="http://www.vsp.com">www.vsp.com</a> for brands)</b>	
<b>Prescription Lenses Single Vision, Bifocal, Trifocal, Standard Progressive</b>	<b>\$25 Copay</b>	<b>\$25 Copay</b>
<b>Premium Progressive Lenses</b>	<b>\$95 - \$105 Copay</b>	<b>\$95 - \$105 Copay</b>
<b>Custom Progressive Lenses</b>	<b>\$150 - \$175 Copay</b>	<b>\$150 - \$175 Copay</b>
<b>Contacts (instead of glasses)</b>	<b>\$175 allowance</b>	
<b>Contact lens Exam</b>	<b>UP to \$60 Copay (fitting and valuation)</b>	
<b>VSP LightCare</b>	<b>Members can use both their frame and lens benefit towards non-prescription sunglasses or non-prescription blue-light filtering glasses.</b>	
<b>Choose Your Upgrade (Option 2) *</b>	<b>N/A</b>	<b>\$250 Frame Allowance OR/Anti-reflective Lenses OR/Prem Progressive Lenses OR/Photochromic Lenses</b>
<b>Coverage Tier</b>	<b>Semi-Monthly Premium Paid by employee</b>	<b>Semi-Monthly Premium Paid by employee</b>
<b>Employee Only</b>	<b>\$ 5.09</b>	<b>\$ 6.88</b>
<b>Employee + Family</b>	<b>\$10.94</b>	<b>\$14.78</b>

\*Option 2, upgrade options listed on the Option 2 flyer located on the Benefits Information page on the Mapleton website.

