

# Vision

## VSP

VSP provides in-network and out-of-network benefits to you and your covered family members. The following chart shows an overview of benefits. A listing of participating providers can be found at [vsp.com](http://vsp.com).

	In-Network	Out-of-Network
Eye Exam (Every 12 Months)	\$25 copay	Up to \$45
<b>Standard Plastic Lenses</b> (Every 12 Months)	Included with exam copay	
Single Vision		\$30 allowance
Bifocal		\$50 allowance
Trifocal		\$65 allowance
<b>Lens Enhancements</b>		
UV Protection	\$0	
Standard Progressive Lenses	\$0	
Premium Progressive Lenses	\$95-\$105	Up to \$30
Custom Progressive Lenses	\$150-\$175	Up to \$50
Average Savings of \$30 on Other Lens Enhancements		
Frames (Every 24 Months)	\$195 featured frame brands allowance	Up to \$70 allowance
	\$175 allowance	
	20% off anything over \$95 Walmart/ Costco frame allowance	
Contact Lenses (Every 12 Months)	\$175 allowance Up to \$60 copay	Up to \$105
Medical Necessity Allowance	\$25 copay	N/A

## Employee Vision Monthly Premiums

	Employee Premium
Employee	\$6.57
Employee + Spouse	\$13.12
Employee + Child(ren)	\$14.03
Family	\$22.42

You can elect the VSP vision plan regardless of whether you are enrolled in the medical or dental plan.