

Current Plan Benefits Summaries

VSP

VOLUNTARY VISION

This plan is currently offered for Insurance Class 1

PLAN BENEFITS SUMMARY			
	In-Network	Out-of-Network	Frequency
Exam Copay	\$10	\$10	Once per Calendar Year
Exam Allowance	100%	\$39	Once per Calendar Year
Materials Copay	\$25	\$25	
Base Lenses			
Single Vision Allowance	100%	\$23	Once per Calendar Year
Bifocal Allowance	100%	\$37	Once per Calendar Year
Trifocal Allowance	100%	\$49	Once per Calendar Year
Lenticular Allowance	100%	\$64	Once per Calendar Year
Contact Lenses			
Elective Allowance	\$130	\$100	Once per Calendar Year
Therapeutic Allowance	100%	\$210	Once per Calendar Year
Frame Retail Allowance	\$130	\$46	Every Other Calendar Year
Materials Allowance	N/A	N/A	N/A

Your plan also includes the following benefit option(s): Fitting and Evaluation

The following plan features are for illustrative purposes only. Please verify if a specific feature is applicable by consulting your vision policy contract: