

SUMMARY OF VISION BENEFITS Plan 701

	VSP Provider	Out-of-Network Provider Reimbursement
Copayments per Person		
Exam	\$10	\$10
Lenses and Frames	\$20	\$20
Benefits		
Exam	Covered in full	Up to \$45
Frames*	\$120	Up to \$47
Lenses		
Single Vision	Covered in full	Up to \$45
Bifocal	Covered in full	Up to \$65
Trifocal	Covered in full	Up to \$85
Lenticular	Covered in full	Up to \$125
Lens Options	Photochromic and tints	\$5 total
Contacts (instead of glasses)**	Up to \$120 allowance	Up to \$105 allowance
Allowable Frequency		
Exam	Every 12 months	Every 12 months
Frames	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Contacts (instead of glasses)	Every 12 months	Every 12 months

*A variety of frames are covered in full. If your frame exceeds the allowable cost, you will receive a 20% discount on your out-of-pocket costs for the frame

**Your plan includes a 15% discount off the cost of your contact lens exam (fitting and evaluation) when obtained from a VSP doctor. The Contact Lens allowance at non-VSP doctors includes both the cost of the exam and the cost of the contact lenses. Medically necessary contact lenses will be covered in full when provided by a VSP provider, or covered up to \$125 per lens when provided by a non-VSP provider. Medically necessary contacts are contact lenses furnished in situations where vision cannot be satisfactorily corrected using spectacle lenses. Prior approval from VSP is required in this case.