

VSP Signature (Basic Plan)

- Yearly eye exams
- **Glasses or contacts every two years for adults**
- **Glasses or contacts every year for children**
- A \$10 Copay is required at the time of service for an eye exam
- There is a \$20 Copay for lenses and/or frames
- Frames and contacts are covered up to \$140
- Laser correction discounts
- Out of Network coverage is included for additional cost

VSP Choice (High Plan)

- Yearly eye exams
- **Glasses or contacts every year**
- A \$10 Copay is required at the time service for an eye exam
- There is a \$20 Copay for lenses and/or frames
- Frames and contacts are covered up to \$140
- Laser correction discounts
- Out of Network coverage is included

VISION INSURANCE PLAN COMPARISON

Vision Service Plan Signature (Basic)	Vision Service Plan Choice (High)
Copays <ul style="list-style-type: none"> • Exam \$10 / Lenses or Frames \$20 • Frame Allowance \$140 in network • Contact Allowance \$140 in network 	Co-pays <ul style="list-style-type: none"> • Exam \$10 / Lenses or Frames \$20 • Frame Allowance \$140 in network • Contact Allowance \$140 in network
Exam Schedule <ul style="list-style-type: none"> • One exam every 12 months 	Exam Schedule <ul style="list-style-type: none"> • One exam every 12 months
Glasses/Contact Schedule <ul style="list-style-type: none"> • Adults - one pair of glasses or contacts every 24 months • Children – one pair of glasses or contacts every 12 months 	Glasses/Contact Schedule <ul style="list-style-type: none"> • One pair of glasses or contacts every 12 months
Out Of Network Reimbursement <ul style="list-style-type: none"> • Exam up to \$45 / Lenses from \$30 to \$100 • Frames up to \$70 	Out Of Network Reimbursement <ul style="list-style-type: none"> • Exam up to \$45 / Lenses from \$30 to \$100 • Frames up to \$70