

Vision Service Plan (VSP)		
In-Network	Premium VSP EasyOptions	Basic VSP
Routine exam (1 per calendar year)	\$10 copay	\$10 copay
Eye glass lenses* (Single, Bifocal or Trifocal)	\$20 copay for lenses and frames (limited to one set every calendar year)	\$20 copay for lenses and frames (limited to one set every calendar year)
Progressive lenses*	Standard progressive lenses covered in full; 100% coverage of Premium or custom progressive lenses if chosen as the ONE enhancement for the calendar year	Standard progressive lenses covered in full
Coating	100% coverage of photochromic lenses if chosen as the ONE enhancement for the calendar year	Lens options are available at preferred pricing
Tints	100% coverage for anti-reflective coating if chosen as the ONE enhancement for the calendar year	Lens options are available at preferred pricing
Frames	\$20 copay for frames and lenses; \$200 allowance for frames per year; \$100 additional allowance if chosen as the ONE enhancement for the calendar year	\$20 copay for lenses and frames (\$200 maximum - every other year)
Medically necessary contact lenses* (1 per calendar year)	\$20 copay (limited to once every calendar year)	\$20 copay (limited to once every calendar year)
Elective contact lenses*	\$200 allowance; contact fitting and evaluation covered in full with copay up to \$60 (limited to once every calendar year) \$100 extra allowance if chosen as the ONE enhancement for the calendar year	\$200 allowance; fitting and evaluation covered in full with copay up to \$60 (limited to once every calendar year)
Laser surgery	Discounts available	Discounts available

*Either eye glass lenses or contact lenses in any year, but not both in the same year.

Annual upgrades/enhancements not available through Costco or Walmart.