

Effective Jan. 1, 2022



Vision Plan Side-by-Side

Percentages shown indicate patient payment amount

	Basic Plan		Comprehensive Plan	
	In-Network	Out-of-Network	In-network	Out-of-network
WellVision Exam	\$15 copay	Up to \$50	\$15 copay	Up to \$50
Frame	20% off from any VSP provider within 12 months from your last WellVision Exam.	No coverage	No charge up to allowance; \$20 to spend on featured frame brands	Up to \$70
Prescription Glasses Discount	20% off from any VSP provider within 12 months from your last WellVision Exam.	No coverage	20% savings on the amount over your \$150 allowance	No coverage
Prescription Allowance	No coverage	No coverage	\$150 allowance for frames and lenses every other calendar year	No coverage
Single Vision Lenses	20% off from any VSP provider within 12 months from your last WellVision Exam.	No coverage	No charge up to prescription allowance	Up to \$50
Lined Bifocal Lenses	20% off from any VSP provider within 12 months from your last WellVision Exam.	No coverage	No charge up to prescription allowance	Up to \$75
Lined Trifocal Lenses	20% off from any VSP provider within 12 months from your last WellVision Exam.	No coverage	No charge up to prescription allowance	Up to \$100
Standard Progressive Lenses	20% off from any VSP provider within 12 months from your last WellVision Exam.	No coverage	No charge up to prescription allowance	Up to \$75
Premium Progressive Lenses	20% off from any VSP provider within 12 months from your last WellVision Exam.	No coverage	\$80-\$90 copay	Up to \$75
Custom Progressive Lenses	20% off from any VSP provider within 12 months from your last WellVision Exam.	No coverage	\$120-\$160 copay	Up to \$75
Polycarbonate Lenses (for dependent children)	20% off from any VSP provider within 12 months from your last WellVision Exam.	No coverage	No charge	No coverage
Anti-glare Coating	20% off from any VSP provider within 12 months from your last WellVision Exam.	No coverage	\$30 allowance every year	No coverage
Sunglasses	20% off from any VSP provider within 12 months from your last WellVision Exam.	No coverage	\$20 to spend on featured frame brands. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of last WellVision Exam	No coverage
Contacts Exam	15% savings on a contact lens exam (fitting and evaluation)	No coverage	15% savings on contact lens exam (fitting and evaluation)	No coverage
Contacts Allowance	No coverage	No coverage	\$150 allowance for contacts and contact lens exam (fitting and evaluation) every other calendar year (instead of glasses)	Up to \$105
Retinal Screening	No coverage	No coverage	\$39 copay	No coverage
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.	No coverage	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	No coverage

BI-WEEKLY RATES (24 ANNUAL DEDUCTIONS)			
Employee Only		\$0.08	\$3.74
Employee + Spouse/DP		\$0.23	\$7.54
Employee + Child(ren)		\$0.21	\$7.16
Employee + Family		\$0.32	\$11.66