

COMPARE THE VISION PLANS

	Vision Service Plan (VSP)		EyeMed Managed Vision Plan	
	Network	Out-of-network	Network	Out-of-network
Standard Exam				
Spectacle Exam	you pay only \$10	plan pays up to \$25 you pay remainder	you pay only \$5	plan pays up to \$25 you pay remainder
Contact Lens Exam	you pay \$10 plus a fitting fee	plan pays up to \$25 you pay remainder	you pay \$5 plus a fitting fee	plan pays up to \$25 you pay remainder
Exam available every 12 months, all ages.				
Materials				
Single Vision Lenses	you pay only \$15	plan pays up to \$25	plan pays in full	plan pays up to \$25
Bifocal Lenses	you pay only \$15	plan pays up to \$35	plan pays in full	plan pays up to \$35
Trifocal Lenses	you pay only \$15	plan pays up to \$52	plan pays in full	plan pays up to \$52
Lenticular Lenses	you pay only \$15	plan pays up to \$62	plan pays in full	plan pays up to \$62
Frames – ask at purchase to see frames fully covered	plan pays up to \$150 retail	plan pays up to \$18	plan pays up to \$150 retail	plan pays up to \$18
Polycarbonate Lens Option	plan pays in full	you pay full cost	plan pays in full	you pay full cost
Progressive Lens Option	plan pays in full	plan pays up to \$52	\$0/\$20/\$30/\$45 or 80% of charge less \$120 allowance (depending on lens)	pays up to \$55
Contact Lenses Elective	plan pays up to \$125	plan pays up to \$105	plan pays up to \$125	pays up to \$105
Contact Lenses Medically Necessary	you pay only \$15	plan pays up to \$210	plan pays in full	plan pays up to \$210
Benefits for one set of materials (either spectacle lenses and frames or contact lenses) are available once every 12 months. Single, Bifocal, Trifocal, Progressive and Lenticular lenses in chart reflect plastic lenses only.*				

Benefits are available every 12 months, all ages.

Exam and lens benefits may be available sooner in case of a sizeable prescription change. See the section on [Early Coverage](#).

After you have used the benefits provided above, **discounts for professional services and materials by network providers may be available**. See the section [Additional Discounts](#) on page 17.

Covered lenses include only options specifically listed above; options such as high index or photochromic are not covered by the plan. A polycarbonate lens

option is available to you at no cost, in-network only.

The plan is intended to cover visual needs rather than cosmetic materials. See the section on [Cosmetic Options](#). The patient will pay the full cost of some options; ask your provider for the full cost ahead of time.

Benefits for lenses and frames include such professional services as are necessary to prescribe and order lenses, assist in the selection of frames, verify the accuracy of finished lenses, properly fit and adjust frames, subsequent adjustments to maintain frame

comfort and efficiency and progress or follow-up work as necessary. Standard exam benefits are also payable as shown in the chart above.

Medically necessary contact lenses will be provided with prior authorization only under one of the following circumstances: after cataract surgery, to correct extreme visual acuity problems that cannot be corrected with spectacle lenses, and with certain conditions of Anisometropia and Keratoconus.

*For glass lenses:
VSP - same as in chart
EyeMed - 20% off