

# Vision Comparison 2020

		<b>Supplemental Vision</b>				<b>Included with Medical Plans</b>	
		VSP Enhanced		VSP Basic – Exam Only		Kaiser WA	Uniform
		<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Classic &amp; CDHP – In Network</i>
1 Exam every 12 mths	\$20 Copay	\$20 Copay Up to \$45	\$20	\$20 Copay, Up to \$45	Exam allowed every 12 months. Subject to deductible. <b>Copays:</b> \$0 for preventative <u>Classic</u> - \$15/optometrist or \$30/ophthalmologist <u>Value</u> - \$30/optometrist or \$50/ophthalmologist <u>CDHP</u> – 10%		
Hardware Allowance:	\$30 Copay	<i>Reduced coverage.</i> \$30 Copay Covered up to \$45.00	<b>No Coverage</b>	<b>No Coverage</b>	Any amount over \$150 every 24 months (two calendar years for UMP) for frames, lenses, contacts and fitting fees combined.  Hardware covered in full for children through age 18 once per year. (UMP Classic you pay amount over \$65 for contacts)		
Hardware Frequency	Lenses—every 12 mths Frames – every 24 mths						
<b>Hardware Includes:</b>							
Single Lenses	Covered in Full	Covered up to \$45					
Bifocal Lenses		Covered up to \$65					
Trifocal Lenses		Covered up to \$85					
Frames	\$130 plus 20% off amount over \$130	\$47.00					
Contact Lenses ( <i>in lieu of frames</i> )	\$130 – every 12 mths	\$105 – every 12 mths					
If you select contacts, you are eligible for frames 12 months after contacts are purchased.							
Addition Services covered by <u>VSP Plus Plan Only</u> :							<b>Included as part of your medical plan (no additional premium)</b>
◆ Laser Vision Correction Discounts (discounts vary - savings average 15% off the regular price or 5% off promotional price at contracted laser centers)							
◆ Up to 30% savings for lens extras such as lens coatings, progressives, etc.							
◆ 20% off additional pairs of glasses							
◆ 15% off contact lens exam							
<b>Annual Rates:</b>	<b>VSP Enhanced</b>	<b>VSP Basic (Exam Only)</b>					
Employee Only	\$81.48	\$6.24					
Employee & Spouse	\$148.44	\$11.28					
Employee & Child(ren)	\$151.68	\$11.64					
Employee & Family	\$244.32	\$18.96					

**\*Please note, this is a benefit comparison, NOT THE CONTRACT. It is an informal description of key benefits and does not constitute the Contract. Where there is a discrepancy between the Contract and this comparison, the Contract will prevail. For more detailed information please refer to the Summary of Benefits for each plan or the Certificate of Coverage.**