

# Vision Comparison 2022

Supplemental Vision					Included with Medical Plans	
VSP Enhanced			VSP Basic – Exam Only		Kaiser WA (all plans)	Uniform (all plans)
<i>In Network</i>		<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>In Network (VSP is the in-network provider)</i>
1 Exam every 12 mths	\$20 Copay		\$20 copay	<i>Reduced coverage</i>	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% Member pays:  Any amount over \$150 every 24 months for frames, lenses, contacts and fitting fees combined.  Hardware covered in full for children through age 18 once per year.	Exam allowed once per calendar year. \$0 – Not subject to the deductible.  Member pays:  In-network: Any amount over \$150 every two years for frames, lenses, and elective contacts.  Any amount above \$30 for contact lenses exam and fitting. (Out of network benefits are less generous)  Hardware covered in full for children through age 18 once per year. (In-network only; no out-of-network benefit).
Frame Allowance:	<ul style="list-style-type: none"> <li>\$150 featured frame brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every 24 months</li> </ul>		<i>No Coverage</i>			
Lenses:	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every 12 months</li> </ul>					
Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses \$0</li> <li>Premium progressive lenses \$80 - \$90</li> <li>Custom progressive lenses \$120 - \$160</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every 12 months</li> </ul>					
Contacts ( <i>instead of glasses</i> )	<ul style="list-style-type: none"> <li>\$60 copay</li> <li>Contact lens exam (fitting and evaluation)</li> <li>\$130 allowance for contacts</li> <li>Every 12 months</li> </ul>					
If you select contacts, you are eligible for frames 12 months after contacts are purchased.						
<ul style="list-style-type: none"> <li>Like shopping online? Go to <a href="http://eyeconic.com">eyeconic.com</a> and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.</li> <li>Glasses and Sunglasses: Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>30% savings on additional glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your exam, or get 20% from any VSP provider within 12 months of your last exam.</li> <li>Routine Retinal Screening: No more than a \$39 copay on routine retinal screening as an enhancement to an exam</li> <li>Laser Vision Correction: Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>						
<b>Annual Rates:</b>	<b>VSP Enhanced</b>	<b>VSP Basic (Exam Only)</b>		Included as part of your medical plan (no additional premium)		
Employee Only	\$89.04	\$6.84				
Employee & Spouse	\$162.36	\$12.36				
Employee & Child(ren)	\$165.84	\$12.72				
Employee & Family	\$267.12	\$20.76				

**\*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.**