

# 2023 VSP Vision Plan

The City Vision plan will be moving to VSP. Visit [www.vsp.com](http://www.vsp.com) to find providers in the VSP network or call 1-800-877-7195 for assistance. The City of Savannah does not contribute to the vision plan.



Vision Benefits	In-Network	Out-of-Network
Vision Exam	100% after \$20 copay	\$45 allowance
Contact Lens Fit & Follow up Exam	Up to \$60	Not Covered
Complete pair of glasses or frames	\$20 copay	\$20 copay
Lenses		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Lens Options	Benefit ranges:	
Progressives:	Difference between standard bifocals and progressives	Up to lined Bifocal allowance
Anti-Reflective:	\$43-\$85	Not Covered
Polycarbonate:	\$33 (100% for children)	Not Covered
Ultraviolet coating	\$16	Not Covered
Scratch-resistant Coating	\$17-33	Not Covered
Frames	\$200 allowance, 20% discount on balance	\$70 allowance
Contact Lenses		
Elective	\$200 allowance	\$145 allowance
Medically Necessary	Covered in full	\$210 allowance
Value Added Features	Discounts on materials for remainder of the plan year after allowances are exhausted. Available through Eyeconic Extensive discounts at participating LASIK Providers	
Frequency	One per 12 months	
Exams / Lenses or Contacts / Frames		
<b>Premium</b>	<b>Weekly</b>	<b>Bi-Weekly</b>
Individual	\$1.10	\$2.19
EE+1	\$1.92	\$3.83
Family	\$2.69	\$5.39