

VSP Vision Plan

The City Vision plan is through VSP. Visit www.vsp.com to find providers in the VSP network. Below is a summary of the vision benefits. Please see the Vision Plan certificate of coverage for details of covered benefits, limitations, and exclusions. The City does not contribute to the vision plan.



Vision Benefits	In-Network	Out-of-Network
Vision Exam Contact Lens Fit & Follow up Exam Complete pair of glasses or frames	100% after \$20 copay Up to \$60 \$30 copay	\$45 allowance Not Covered \$30 copay
Lenses Single Vision Bifocal Trifocal Lenticular	Covered in full Covered in full Covered in full Covered in full	Up to \$30 Up to \$50 Up to \$65 Up to \$100
Lens Options Progressives: Anti-Reflective: Polycarbonate: Ultraviolet coating Scratch-resistant Coating	Benefit ranges: Difference between standard bifocals and progressives \$43-\$85 \$33 (100% for children) \$16 \$17-33	Up to lined Bifocal allowance Not Covered Not Covered Not Covered Not Covered
Frames	\$200 allowance, 20% discount on balance	
Contact Lenses Elective Medically Necessary	\$200 allowance Covered in full	\$145 allowance \$210 allowance
Value Added Features Discounts Mail Order Contact Lens Replacement Laser Vision Correction	Discounts on materials for the remainder of the plan year after allowances are exhausted. Available through Eyeconic Extensive discounts at participating LASIK Providers	
Frequency Exams / Lenses or Contacts / Frames	One per 12 months	
Premium	Weekly	Bi-Weekly
Individual	\$1.32	\$2.64
EE+1	\$2.30	\$4.60
Family	\$3.24	\$6.48