

Plan: VSP 160

	In-Network	Out-of-Network
Network	VSP Choice Plus	
WellVision Exam	Not Covered	Not Covered
Lenses (Glass or Plastic)		
Single Vision	\$10 Co-pay	Up to \$30
Lined Bifocal	\$10 Co-pay	Up to \$50
Lined Trifocal	\$10 Co-pay	Up to \$65
Lenticular	\$10 Co-pay	Up to \$100
Lens Options		
Progressive (Standard no-line)	\$0 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)
Premium Progressive Options	\$95-\$105 Co-pay	
Custom Progressive Options	\$150-\$175 Co-pay	
Plastic Gradient Dye	\$17 Co-pay	
Solid Plastic Dye	\$15 Co-pay	N/A
Photochromic Lenses	\$75 Co-pay	
Polycarbonate for Adults	\$31 Co-pay SV/\$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	\$0 Co-pay	
Coatings		
Scratch Resistant Coating	\$17 Co-pay	
Anti-Reflective Coating	\$41 Co-pay	NI/A
UV Protection	\$16 Co-pay	N/A
Additional lens enhancements	Up to 25% Discount	
Frames		
Allowance Based on Retail Pricing	\$160 Allowance at any VSP doctor or \$90 at	Up to \$80
	Costco, Sam's Club or Walmart	·
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
Elective Contact Lenses In Lieu of		
Frame & Lenses		
Elective contact lens fitting, evaluation services		
and prescription contact lenses are covered up		
to plan allowance. 15% discount given off	\$160 Allowance	Up to \$145
contact lens fitting and evaluation services,		
excluding materials.		
Frequency		
Lenses, Frame or Contacts	Every 12 Months	
Refractive Surgery		
LASIK***	Up to \$500 in Savings	Not Covered
Notes		
This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.		
** 20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.		
*** Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3		
Discounts average 10-20 /0 on or 5 /0 on a promotional one for laser surgery, including FRN, LASIN, Custom LASIN, 810 IntraLases		

Underwritten by: Educators Health Plans Life, Accident & Health, a Utah Company

EHPL.V.VSP.SCH.D

Note: Administration Fee - \$2.00 per employee to a maximum of \$20.00 will be charged each month. If Dental is offered also, fee will only be charged once per employee.