

Eye Exam, Lenses, Frames, Frequencies

Effective Date: 1/1/2019

	Focus®		ViewPointe®	
	VSP Choice Network + Affiliates	Out of Network	EyeMed Insight Network	Out of Network
Annual Eye Exam	Covered after \$20 deductible	Up to \$45	Covered after \$20 deductible	Up to \$35
Lenses (per pair) Single Vision Bifocal Trifocal Progressive	Covered after \$20 deductible Covered after \$20 deductible Covered after \$20 deductible Covered after \$20 deductible	Up to \$30 Up to \$50 Up to \$65 NA	Covered after \$20 deductible Covered after \$20 deductible Covered after \$20 deductible Covered after \$20 deductible	Up to \$25 Up to \$40 Up to \$55 NA
Frames	\$180*	Up to \$70	\$180	Up to \$90
Frequencies Exam/Lens/Frames	12/12/24 Based on date of service	12/12/24 Based on date of service	12/12/24 Based on date of service	12/12/24 Based on date of service

*The Costco allowance will be the wholesale equivalent.

Deductibles	\$20 Exam \$20 Eye Glass Lenses or Frames*	\$20 Exam \$20 Eye Glass Lenses or Frames	\$20 Exam \$20 Eye Glass Lenses	No deductible
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*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Contact Lenses

Fit & Follow Up Exams	Member cost up to \$60	No benefit	Standard: Member cost up to \$40 Premium: 10% off of retail	No benefit No benefit
Contacts Elective Medically Necessary	Up to \$180 Covered in full	Up to \$145 Up to \$210	Up to \$180 Covered in full	Up to \$144 Up to \$200

Bi-Weekly Rates

Employee (EE)	\$3.29	\$3.29
EE + Spouse	\$6.52	\$6.52
EE + Children	\$6.44	\$6.44
Family	\$9.11	\$9.11

Customer Service	(800) 877-7195	(866) 289-0614
Provider Search	www.vsp.com	www.eyemedvisioncare.com

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network	EyeMed Insight Network	Out of Network
Progressive Lenses	Covered in Full	Up to Lined Bifocal allowance.	Covered in Full	No Benefit
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit	\$40	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit	\$15	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit	\$45-\$68 Standard 20% on Premium AR	No benefit
Ultraviolet Coating	\$16	No benefit	\$15	No benefit
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers	NA	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

Additional Focus® Choice Network Features (In Network)

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Lens Options (Member Cost)*	\$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Additional ViewPointe® Features (In Network)

Discounts	15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
Lens Options (Member Cost)	\$15 - Tint (Solid & Gradient).
Secondary Purchase Plan	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts online. Visit EyeMedvisioncare.com for details.