

Vision plan comparison

	Premier Plan In-network benefits	Basic Plan In-network benefits
Eye exam copay	\$10	\$20
Materials copay (contacts or glasses — including anti-reflective coating, scratch coating, polycarbonate lenses, progressive lenses)	\$10	\$20
Materials allowance Retail frames Feature frame brand Contact lenses (not medically necessary) VSP LightCare	\$200 (every other year) \$250 (every other year) \$200 (every year) Included	\$160 (every other year) \$210 (every other year) \$160 (every year) Included
Materials discounts (on charges above allowance or glasses)	20%	20%
Contact lens exam (fitting and evaluation)	Up to \$60 copay	Up to \$60 copay
Frequencies Eye exam Frames Lenses Contacts	Every calendar year Every other calendar year Every calendar year Every calendar year	Every calendar year Every other calendar year Every calendar year Every calendar year
KidsCare (exam, lenses, frames)	Every calendar year	Every calendar year
LASIK	Get an average of 15% off the regular price or 5% off the promotional price at participating providers	
TruHearing	Save up to 60% on brand-name hearing aids 45-day trial and a three-year manufacturer warranty for repairs and one-time loss and damage replacement 48 free batteries per hearing aid	