

	VSP Plus 10-160		VSP Plus 10-130	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	VSP Choice Plus		VSP Choice Plus	
Well Vision Exam	\$10 Co-pay	Up to \$65	\$10 Co-pay	Up to \$65
Lenses (glass or plastic)				
Single vision	\$10 Co-pay	Up to \$30	\$10 Co-pay	Up to \$30
Lined bifocal	\$10 Co-pay	Up to \$50	\$10 Co-pay	Up to \$50
Lined trifocal	\$10 Co-pay	Up to \$65	\$10 Co-pay	Up to \$65
Lenticular	\$10 Co-pay	Up to \$100	\$10 Co-pay	Up to \$100
Lens Options				
Progressive (std. no-line)	\$0 Co-pay	Up to \$50 (in lieu of Lined Bifocal reimbursement)	\$0 Co-pay	Up to \$50 (in lieu of Lined Bifocal reimbursement)
Premium progressive options	\$95 - \$105 Co-pay		\$95-\$105 Co-pay	
Custom progressive options	\$150-\$175 Co-pay		\$150-\$175 Co-pay	
Plastic gradient dye	\$17 Co-pay	N/A	\$17 Co-pay	N/A
Solid plastic dye	\$15 Co-pay		\$15 Co-pay	
Photochromic lenses	\$70 SV/\$82 Multi		\$70 SV / \$82 Multi	
Polycarbonate for adults	\$31 SV/ \$35 Multi		\$31 SV / \$35 Multi	
Polycarbonate for child (under 18)	\$0 Co-pay		\$0 Co-pay	
Coatings				
Scratch resistant	\$17 Co-pay	N/A	\$17 Co-pay	N/A
Anti-reflective	\$41 Co-pay		\$41 Co-pay	
UV protection	\$16 Co-pay		\$16 Co-pay	
Additional lens enhancements	Up to 25% Discount		Up to 25% Discount	
Frames				
Allowance based on retail	\$160 allowance at VSP doctor or \$90 at Costco, Sam's Club or Walmart	Up to \$80	\$130 allowance at VSP doctor or \$70 at Costco, Sam's Club or Walmart	Up to \$80
**Additional pairs	Discount only Up to 20% off Retail	N/A	Discount only Up to 20% Retail	N/A
Elective Contact Lenses In Lieu of Frames & Lenses				
Elective contact lens fitting, evaluation services and prescription contact lenses are covered up to plan allowance. 15% discount given off contact lens fitting evaluation services, excluding materials.	\$160 Allowance	Up to \$145	\$130 Allowance	Up to \$115
Frequency				
Exams, Lenses, Frames or Contacts	Every 12 Months		Every 12 Months	
Refractive Surgery				
***LASIK	Up to \$500 in Savings	No Coverage	Up to \$500 in Savings	No Coverage
Monthly Rates				
Subscriber	\$12.70		\$9.00	
Subscriber +1	\$24.80		\$17.40	
Subscriber +2 or more	\$39.30		\$27.80	

Plans are underwritten by Educators Health Plans Life, Accident, and Health. This is a summary of in-network 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.