

ARIZONA

VSP Plus 10-130

Plan Details

Network	VSP Choice Plus
Exam, lenses, frame, and contacts	Every 12 months

	In-Network	Out-of-Network
WellVision Exam	\$10 copay	Up to \$65
Lenses (Glass or Plastic)		
Single Vision	\$10 copay	Up to \$30
Lined Bifocal	\$10 copay	Up to \$50
Lined Trifocal	\$10 copay	Up to \$65
Progressive (Standard, no-line)	\$0 copay	Up to \$50
Polycarbonate (children under 18)	\$0 copay	Up to \$50
Frames		
Frame allowance <i>\$130 at any VSP doctor or \$70 at Costco, Sam's Club, or Walmart**</i>	\$130 allowance	Up to \$80
Contact Lenses (in lieu of frame & lenses)		
Elective contacts <i>Includes contact lens fitting and evaluation. 15% discount on fitting/evaluation services, excluding materials.</i>	\$130 allowance	Up to \$115

Specialty Lens Upgrades (in-network copays)

Lenticular	\$10 copay
Premium progressive options	\$95–\$105 copay
Custom progressive options	\$150–\$175 copay
Plastic gradient dye	\$17 copay
Solid plastic dye	\$15 copay
Photochromic lenses	\$75 copay
Polycarbonate (adults)	\$31 single vision / \$35 multifocal

Out-of-network reimbursement for lens options: up to \$50 (in lieu of lined bifocal reimbursement).

Vision Benefit Summary
Individual and Family Plan

ARIZONA

Monthly Premium

Subscriber	\$9.50
Subscriber +1	\$18.40
Subscriber +2 or more	\$29.40

Additional Benefits & Discounts

	In-Network	Out-of-Network
Coatings* <i>Scratch-resistant, anti-reflective, UV protection, other enhancements</i>	Up to 25% off retail	N/A
Additional pairs of glasses* <i>Unlimited additional pairs through any VSP Choice provider within 12 months of last covered exam</i>	20% off retail	N/A
LASIK and refractive surgery* <i>Discounts average 15–20% off, or 5% off promotional pricing. Includes PRK, LASIK, Custom LASIK, and IntraLase³</i>	Up to \$500 in savings	Not covered

* These are discount programs, not insured benefits.

**Accepted at thousands of VSP providers nationwide — including Walmart, Costco, Sam’s Club, Visionworks, Eyemart Express, Eyeconic and others.

Check your plan summary for any exclusions.

Please note:

Plan benefits are available once every 12 months for exam, lenses, frame, and contact lenses.

Contact lenses are provided in lieu of frame and lenses, not in addition.

Out-of-network benefits are reimbursed after the visit; you pay the provider in full and submit a claim for reimbursement up to the listed amounts.

This summary is for reference only. See your vision policy for full coverage details, limitations, and exclusions. Underwritten by EMI Health.