VSP Vision Care Renewal
Hopkins County BOE – 12024699
January 1, 2021

VSP Vision Care

		Choice – Fully-Insured	Open Access Benefits
		Member Cost	Reimbursements (Copays Apply)
VSP EXCLUSIVE MEMBER EXTRAS	**WellVision® Exam Copay**	$10	Up to $45
	Materials Copay	$30	
	WellVision® Exam Frequency	Once every 12 months	Once every 12 months
	Eyeglass Lenses –or– Contact Lenses Frequency	Once every 12 months	Once every 12 months
	Frame Frequency	Once every 24 months	Once every 24 months
	Retinal Imaging	Not to exceed $39 – Covered in Full for Pre-Diabetic/Diabetic Members	Not available
	Diabetic EyeCare Plus Exam	$20 per visit	Not available
Up to 40% savings on sunsync® light-reflective lenses	**Eyeglass Lens Coverage**		
	Single Vision	Covered in Full After Copay	Up to $30
	Bifocal	Covered in Full After Copay	Up to $50
	Trifocal	Covered in Full After Copay	Up to $65
	Lenticular	Covered in Full After Copay	Up to $100
	Progressives – Standard	Covered in Full	Up to $50
	Progressives – Premium & Custom	$95 – $175	Up to $50
Mail-in rebates on Bauch + Lomb® and CooperVision contact lenses	**Lens Enhancements**	*All Lens Enhancement are based on lens type (single vision or multifocal); members should expect to pay no more than the following copays:*	
	Polycarbonate Lenses for Children	Covered in Full	Not available
	Polycarbonate Lenses for Adults	Covered in Full	Not available
	Anti-Reflective Coating	$41	Not available
	Photochromic Lenses	Covered in Full	Not available
	Scratch-resistant coating	Covered in Full	Not available
	UV Coating	$16	Not available
	Tints	Covered in Full	Not available
Health and lifestyle discounts and services with VSP® Simple Values	Other Lens Enhancements	Average Savings 20% – 25%	Not available
	Frame Coverage		
	Retail Frame Allowance	$150 + 20% off any balance	Up to $70
	Featured Frame Brand Allowance (Extra $20)	*$170*	Not available
	Retail Frame Allowance @Wal-Mart & Sam's Club	*$80*	Up to $70
	Contact Lenses (in lieu of eyeglasses) with VSP Provider*		
Save up to 60% on digital hearing aids through TruHearing®	Elective Contact Lens Allowance	$125	Up to $105
	Medically Necessary Contact Lenses	Covered in Full After Materials Copay	Up to $210
	Contact Lens Exam (Fitting & Evaluation):		
	Standard or Premium Fit Patients	Not to Exceed $60	Not available
Extra $20 to spend on featured frame brands:	**Monthly Premium**	Employee / Employee + Family	
	Current Rates:	$7.17 / $23.79	
	Renewal Rates:	**$7.33 / $24.34**	
	Contract Term	**48 Months**	

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MEMBERS FIRST
Members For Life

Additional Pairs of Glasses

*Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

VSP Laser VisionCareSM Program

*Discounts average 15% – 20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase.
Discounts are only available from VSP contracted facilities. Also custom LASIK coverage only available using wavefront technology with the microkeratome surgical devise, other LASIK procedures may be performed at an additional cost to the member.

Low Vision

Pre approved low vision supplemental testing covered every two years. 75% coverage for approved low vision aids, up to $1,000 (less any amount paid for supplemental testing) every two years.

Disclaimers & Exclusions

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location. Benefits may also vary at participating retail chains.
Promotions like rebates and the featured frame brands promotion are continually evaluated and subject to change without notice.
Promotions also do not apply at Costco Optical.
The following items are excluded under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.
Items not covered under the contact lens coverage: insurance policies or service agreements: artistically painted or non-prescription lenses: additional office visits for contact lens pathology; contact lens modification, polishing or cleaning.
In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Dependent children are covered until the end of the month of their 26th birthday

Signed | Title | Date