



Vision Coverage- Plan B 12/12/24

Vision benefits is through VSP, which is the network of vision providers you can access. If you would like to find a provider, you are able to go to www.VSP.com. Right on the front page you can enter your zip code to pull up local providers. Please note that the benefit year is a rolling 12 months.

Member Doctor Benefits

Exam Co-pay	\$ 15.00	Once every 12 months
Material Co-pay	\$ 15.00	Once every 12 months
Corrective Contact Lenses Allowance	\$ 160.00	Once every 12 months
Frame Allowance (retail)	\$ 160.00	Once every 24 months
When contact lenses are obtained, the Covered Person shall not be eligible for lenses and frames again for 12 months.		

Non-Member Doctor Benefits

Exam	\$ 35.00
Single Lens	\$ 25.00
Bifocal Lens	\$ 40.00
Trifocal Lens	\$ 55.00
Elective Contact Lenses	\$ 110.00
Frame	\$ 45.00

EXCLUSIONS: Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen or broken lenses and/or frames, services and supplies for which you or your dependent are not required to pay, services and supplies not listed.

ENROLLMENT RESTRICTIONS: If any employee or dependent drops coverage, he or she must have proof of a qualifying event to do so outside open enrollment. The employee or dependent will need to wait until the next open enrollment period to re-enroll or have proof of a qualifying event.