

PLAN COMPARISON FROM VSP®



	BASE PLAN*	EASYOPTIONS PLAN*
Copay	\$15 Exam / \$25 Materials	\$15 Exam / \$25 Materials
Exam	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Frame	Every 12 months	Every 12 months
VSP PROVIDER		
WellVision Exam®	Covered after \$15 copay	Covered after \$15 copay
Contact Lens Exam	15% savings on contact lens exam	15% savings on a contact lens exam
Lenses: Single Vision Lined Bifocal Lined Trifocal Lenticular	Covered after \$25 materials copay	Covered after \$25 materials copay
Impact-resistant (polycarbonate) Lenses for Children	Covered with no copay	Covered with no copay
Maximum Copay on Lens Enhancements	Average savings of 20-25% on other lens enhancements	Average savings of 20-25% on other lens enhancements
Anti-glare Coating	\$41-\$85 copay	\$41-\$85 copay
Impact-resistant (polycarbonate) Lenses	\$31-\$35 copay	\$31-\$35 copay
Progressive Lenses (no-line bi/trifocals, ranging from standard to custom)	\$0-\$175 copay	\$0-\$175 copay
Light-to-dark Lens Tinting (photochromic adaptive lenses)	\$70-\$82 copay	\$70-\$82 copay
Scratch-resistant Coating	\$17-\$33 copay	\$17-\$33 copay
Frames	\$150 allowance every 12 months OR \$170 allowance on a featured frame brand	\$150 allowance every 12 months OR \$170 allowance on a featured frame brand
Elective Contact Lenses*	\$150 allowance every 12 months	\$150 allowance every 12 months
Necessary Contact Lenses*	N/A	N/A
	*Contact lenses are in lieu of spectacle lenses and frames once every 12 months	*Contact lenses are in lieu of spectacle lenses and frames once every 12 months
EasyOptions Upgrades Members can choose from one of the following upgrades as part of their plan coverage	N/A	Fully covered custom or premium progressive lenses Fully covered light-to-dark lens tinting Increased frame allowance to \$230 Increased contact lens allowance to \$230
NON-VSP PROVIDER (OUT-OF-NETWORK) REIMBURSEMENT AMOUNT		
Examination	Up to \$45	Up to \$45
Lenses: Single Vision Lined Bifocal Lined Trifocal Lenticular	Up to \$30 Up to \$50 Up to \$65 Up to \$100	Up to \$30 Up to \$50 Up to \$65 Up to \$100
Progressive Lenses (no-line bi/trifocals, ranging from standard to custom)	Up to \$50	Up to \$50
Frames	Up to \$70	Up to \$70
Elective Contact Lenses*	Up to \$105	Up to \$105
Necessary Contact Lenses*	N/A	N/A
	*Contact lenses are in lieu of spectacle lenses and frames once every 12 months	*Contact lenses are in lieu of spectacle lenses and frames once every 12 months
FULLY-INSURED PROGRAM		
Member Only Member + One Member + Family	Annual or Monthly	Annual or Monthly
Contract Term	12 months	12 months
Healthy Vision Association	\$18 annual enrollment fee where applicable, every 12 months	\$18 annual enrollment fee where applicable, every 12 months
Plan Availability	Available in all states except Florida, New York, Oregon, and Washington.	Available in all states except Florida.

*Plans have exclusions and limitations. For complete details of the coverage please talk to your broker.