

Plan Comparison from VSP®



Base Plan*		EasyOptions Plan*	
	(Not available in Florida, New York, Oregon, or Washington)		(Not available in Florida)
VSP Individual Plan	VSP Choice		VSP Choice
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		Member selects one (1) EasyOptions upgrade	
WellVision Exam®	Covered after \$15 copay		Covered after \$15 copay
Contact Lens Exam	Covered with no copay		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
	Single vision	Multifocal	Single vision
Standard anti-reflective coating	\$41 - \$85 copay	\$41 - \$85 copay	\$41 - \$85 copay
Impact-resistant (polycarbonate) lenses	\$31 copay	\$35 copay	\$31 copay
Progressive lenses (no-line bi/trifocals, ranging from standard to custom)	N/A	\$55-\$175 copay	N/A
Light-to-dark lens tinting (photochromic adaptive lenses)	\$33 - \$70 copay	\$41 - \$82 copay	\$33 - \$70 copay (or covered when member chooses photochromic adaptive lenses as their EasyOption upgrade)
Standard scratch-resistant coating	\$17 - \$33 copay	\$17 - \$33 copay	\$17 - \$33 copay
Frames	\$150 allowance every 12 months		\$150 allowance every 12 months (or \$230 allowance when member chooses frame upgrade as EasyOptions upgrade)
Elective Contact Lenses*	\$150 allowance every 12 months		\$230 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
Non-VSP Provider (OUT-OF-NETWORK) REIMBURSEMENT AMOUNT		EasyOptions upgrades only available with VSP Providers	
Examination	\$45		\$45
Lenses: Single	\$30		\$30
Lined Bifocal	\$50		\$50
Lined Trifocal	\$65		\$65
Lenticular	\$100		\$100
Progressive lenses (no-line bi/trifocals, ranging from standard to custom)	\$50		\$50
Frames	\$70		\$70
Elective Contact Lenses*	\$105		\$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.

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

Product Details as of February 2017

Your VSP Vision Benefits Summary



VSP Individual Plan: **Base Plan**

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor³			
WellVision Exam [®]	• Focuses on your eyes and overall wellness	\$15	Every 12 months
Prescription Glasses		\$25	See Frame and Lenses
Frame	• \$150 allowance for a wide selection of frames OR • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance	Included with Prescription Glasses	Every 12 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant (polycarbonate) lenses for children	Included with Prescription Glasses	Every 12 months
Lens Enhancements	• Progressive lenses (standard, premium or custom) • Anti-glare • Light-to-dark tinting (photochromic adaptive lenses) • Impact-resistant (polycarbonate) lenses • Scratch-resistant coating • Tinted (colored) lenses • UV protection • Average 20-25% savings on other lens enhancements	\$0 – \$175 \$41 – \$85 \$70 – \$82 \$31 – \$35 \$17 – \$33 \$15 – \$17 \$16	Every 12 months
Contacts (instead of glasses)	• \$150 allowance for contacts, copay does not apply • Contact lens exam (fitting and evaluation)	\$0	Every 12 months
Extra Savings	Glasses and Sunglasses • Extra \$20 to spend on a featured frame brand, which is on top of your frame allowance. ⁴ Simply choose a featured frame brand from your VSP network doctor and the extra \$20 will be automatically applied to your purchase. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP network doctor within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a \$39 copay on routine retinal screenings as an enhancement to your WellVision Exam.		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. If you visit an out-of-network provider, you will have higher out-of-pocket expenses.			
Exam.....	up to \$45	Lined Bifocal Lenses.....	up to \$50
Frame.....	up to \$70	Lined Trifocal Lenses.....	up to \$65
Single Vision Lense.....	up to \$30	Progressive Lenses.....	up to \$50
		Contacts.....	up to \$105
Note: If you choose to see an out-of-network provider, you'll receive less coverage. Payment is expected at the time of your visit. Following your appointment, you'll need to complete a claim form and include any itemized receipts. You can complete and submit the form on vsp.com or call 800.877.195 to request a hard copy form. Address to Vision Service Plan, Attention: Claim Services, P.O. Box 385018, Birmingham, AL 35238-5018. Out-of-network coverage is not available in the states of Massachusetts and Washington, and coverage varies in the state of Maryland.			

Based on applicable laws, benefits may vary by location.

Monthly Rates:

Member Only	\$15.08
Two-person Plan	\$29.25
Family	\$40.42

VSP Apply Online - Click [HERE](https://www.individualbrokervision.com/Enroll/MbrEnroll.aspx?AgtCode=VSP18887) (https://www.individualbrokervision.com/Enroll/MbrEnroll.aspx?AgtCode=VSP18887)

1. 2017 National Vision Plan Member Research
 2. VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly. TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain health care groups for hearing aid sales and services; TruHearing provides fitting, programming and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those health care providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.
 3. Coverage terms and conditions are set forth in the policy under which the individual consumer is insured, and such terms and conditions vary according to the laws of the state in which the policy was issued.
 4. Brands/Promotions subject to change.
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Humana Vision

Apply Online - Click [HERE \(https://www.humana.com/agent/health-insurance-Agents/AOALanding?SANID=1303798&isMarketpointAgent=false\)](https://www.humana.com/agent/health-insurance-Agents/AOALanding?SANID=1303798&isMarketpointAgent=false)

Vision care services	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	\$15 copay	\$30 allowance
Contact lens exam options*		
• Standard contact lens fit and follow-up	\$40 copay	Not available
• Premium contact lens fit and follow-up	10% off retail	Not available
Frames		
• Discounts may be available on all frames except when prohibited by the manufacturer.	\$150 allowance, 20% off balance over \$150	\$150 allowance
Standard plastic lenses		
• Single vision	\$25 copay	\$25 allowance
• Bifocal	\$25 copay	\$40 allowance
• Trifocal	\$25 copay	\$55 allowance
Lens options		
• UV coating	\$15 copay	Not available
• Tint (solid and gradient)	\$15 copay	Not available
• Standard scratch-resistance	\$15 copay	Not available
• Standard polycarbonate**	\$40 copay	Not available
• Standard anti-reflective coating	\$45 copay	Not available
• Standard progressive (add-on to bifocal)	\$65 copay	Not available
• Other add-ons and services	20% off retail price	Not available
Contact lenses (applies to materials only)		
• Conventional	\$150 allowance, 15% off balance over \$150	\$92 allowance
• Disposable	\$150 allowance	\$92 allowance
• Medically necessary	\$0 copay, paid in full	\$200 allowance
Frequency[‡]		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 12 months	Once every 12 months

* Standard contact lens fitting: spherical clear contact lenses in conventional wear and planned replacement (examples include by not limited to disposable, frequent replacement, etc.)

* Premium contact lens fitting: all lens designs, materials and specialty fittings other than standard contact lenses (examples include toric, multifocal, etc.)

** Standard polycarbonate available at no charge to dependents to 19 years old. All other members pay a fixed charge of \$40.

‡ Frequencies are based on date of service.

Find a Doctor: <https://idv.humana.com/humanaonenetwork/search-providers-generic.aspx>

Humana

Prices:

Single - \$15.49

Single + One - \$26.99

Family - \$42.99

One time enrollment fee of \$35.00

EyeMed
VISION CARE®