

2022
Municipalities, Colleges, Schools Insurance Group
Vision Plans Comparison

Your Vision Plans at a Glance	Plan C With VSP Provider	Plan B With VSP Provider	Plan A With VSP Provider
WELLVISION EXAM	\$10 copay for exam and glasses Frequency: every 12 months	\$10 copay for exam and glasses Frequency: Every 12 months	\$10 copay for exam and glasses Frequency: Every 12 months
FRAMES	<ul style="list-style-type: none"> \$170 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance Every 12 months 	<ul style="list-style-type: none"> \$170 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance Every 24 months 	<ul style="list-style-type: none"> \$170 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 24 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Progressive lenses Tints/Light-reactive lenses Average savings of 40% on other lens enhancements Every 12 months 	<ul style="list-style-type: none"> Progressive lenses Average savings of 40% on other lens enhancements Every 12 months 	<ul style="list-style-type: none"> Progressive lenses Average savings of 40% on other lens enhancements Every 24 months
CONTACTS (Instead of glasses)	<ul style="list-style-type: none"> \$170 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every 12 months 	<ul style="list-style-type: none"> \$170 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every 12 months 	<ul style="list-style-type: none"> \$170 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every 24 months
PRIMARY EYECARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. \$5 per exam 	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. \$5 per exam 	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. \$5 per exam

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YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS: Call VSP Member Services for out-of-network plan details at 800-877-7195