



2021

Municipalities, Colleges, Schools Insurance Group

Vision Plans Comparison

Your Vision Plan at a Glance	Plan C With VSP Provider	Plan B With VSP Provider	Plan A With VSP Provider	Non-Participating Provider Plans C, B or A
Vision Exams	Paid in full, \$10 copay, Every 12 months	Paid in full, \$10 copay, Every 12 months	Paid in full, \$10 copay, Every 12 months	Up to \$50 toward the cost of an exam Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months <p>Includes tinted or photochromic lenses at no extra cost.</p>	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 24 months 	<p>Up to \$50 Single Vision Lenses Up to \$75 Lined Bifocal Lenses Up to \$100 Lined Trifocal Lenses Up to \$85 Progressive Lenses</p> <p>Every 12 or 24 months, depending on the schedule under your plan</p>
Frames	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames (\$80 allowance at Costco) \$170 allowance for featured frame Brands 20% savings on the amount over your allowance Every 12 months 	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames (\$80 allowance at Costco) \$170 allowance for featured frame Brands 20% savings on the amount over your allowance Every 24 months 	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames (\$80 allowance at Costco) \$170 allowance for featured frame Brands 20% savings on the amount over your allowance Every 24 months 	<p>Up to \$70 toward the cost of frames</p> <p>Every 12 or 24 months, depending on the schedule under your plan</p>
Contact Lenses (Instead of glasses) <ul style="list-style-type: none"> Medically necessary** Elective 	<ul style="list-style-type: none"> \$150 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"> \$150 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"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every 24 months 	Up to \$105 Contacts

* Whether or not you receive care from a VSP provider, you pay for any extra fees resulting from optional features such as oversize lenses, coated lenses, no-line multifocal lenses and treatments for cosmetic reasons.

** Medically necessary contact lenses must be prescribed by a VSP doctor for certain conditions. Your VSP doctor must get prior approval from VSP for medically necessary contact lenses.

VSP Customer Service: 800-877-7195 / To find a VSP provider, visit vsp.com

MCSIG Customer Services: 831-755-8055 or toll free 800-287-1442