

PremierPlan

Employer Sponsored

17.98 Member
27.24 Member & Spouse
27.74 Member & Child(ren)
44.24 Family

Member Paid (Voluntary)

21.74 Member
32.48 Member & Spouse
32.98 Member & Child(ren)
51.98 Family

WellVision Exam

Once every **12-months** receive a WellVision Exam for **Free**.

Materials Deductible

Once every **12-months** pay **Nothing** for Lenses and/or Frames.

Lenses

Once every **12-months** receive Single, Lined-Bifocal, Lined-Trifocal or Standard Progressive (No-Line) Lenses for **Free**. Or, receive Premium Progressive Lenses for an **\$80-\$90 Co-Pay**, or Custom Progressive Lenses for a **\$120-\$160 Co-Pay**.

Lens Customizations

Tints, Dyes, Photochromic & Polycarbonate Lenses are **Free**. Scratch-Resistance, Anti-Reflective Coatings and other Lens Customizations are **Discounted**.

Frames

Once every **12-months** spend up to **\$150** and receive a **20% Discount** for amounts over that. For additional glasses or sunglasses receive a **20% Discount**.

Contact Lenses

Instead of Lenses and/or Frames, once every **12-months** spend up to **\$150** on Contact Lenses. Additionally, once every **12-months** receive a **15% Discount** on a Contact Lens Fitting & Evaluation, paying a maximum of **\$60**, without reducing the amount available for Contact Lenses.

ValueAdd Programs

Laser Vision Correction is **Discounted**. **Diabetic EyeCare Plus** provides follow-up medical care for Members with Type I or II Diabetes. **TruHearing** offers **20% Discount** for Digital Hearing Aids. Visit www.vsp.com for more details on all 3 programs.

DeluxePlan

Employer Sponsored

12.48 Member
21.74 Member & Spouse
22.74 Member & Child(ren)
38.24 Family

Member Paid (Voluntary)

14.48 Member
22.24 Member & Spouse
22.74 Member & Child(ren)
35.48 Family

WellVision Exam

Once every **12-months** receive a WellVision Exam for a **\$10 Co-Pay**.

Materials Deductible

Once every **12-months** pay a **\$25 Deductible** for Lenses and/or Frames.

Lenses

Once every **12-months** receive Single, Lined-Bifocal, Lined-Trifocal or Standard Progressive (No-Line) Lenses for **Free** after the **Materials Deductible**, if not already met. Or, receive Premium Progressive Lenses for an **\$80-\$90 Co-Pay**, or Custom Progressive Lenses for a **\$120-\$160 Co-Pay** after the **Materials Deductible**, if not already met.

Lens Customizations

Tints, Dyes, Photochromic & Polycarbonate Lenses are **Free**. Scratch-Resistance, Anti-Reflective Coatings and other Lens Customizations are **Discounted**.

Frames

Once every **12-months** spend up to **\$130** and receive a **20% Discount** for amounts over that, after the **Materials Deductible**, if not already met. For additional glasses or sunglasses receive a **20% Discount**.

Contact Lenses

Instead of Lenses and/or Frames, once every **12-months** spend up to **\$125** on Contact Lenses. Additionally, once every **12-months** receive a **15% Discount** on a Contact Lens Fitting & Evaluation, paying a maximum of **\$60**, without reducing the amount available for Contact Lenses.

ValueAdd Programs

Laser Vision Correction is **Discounted**. **Diabetic EyeCare Plus** provides follow-up medical care for Members with Type I or II Diabetes. **TruHearing** offers **20% Discount** for Digital Hearing Aids. Visit www.vsp.com for more details on all 3 programs.

ClassicPlan

Employer Sponsored

8.24 Member
14.48 Member & Spouse
14.98 Member & Child(ren)
25.24 Family

Member Paid (Voluntary)

11.24 Member
16.98 Member & Spouse
17.48 Member & Child(ren)
27.98 Family

WellVision Exam

Once every **12-months** receive a WellVision Exam for a **\$15 Co-Pay**.

Materials Deductible

Once every **12-months** pay a **\$25 Deductible** for Lenses and/or Frames.

Lenses

Once every **12-months** receive Single, Lined-Bifocal, Lined-Trifocal or Standard Progressive (No-Line) Lenses for **Free** after the **Materials Deductible**, if not already met. Or, receive Premium Progressive Lenses for an **\$80-\$90 Co-Pay**, or Custom Progressive Lenses for a **\$120-\$160 Co-Pay** after the **Materials Deductible**, if not already met.

Lens Customizations

Polycarbonate Lenses for Kids are **Free**. Tints, Dyes, Photochromic & Polycarbonate Lenses for Adults are **Discounted**. Scratch-Resistance, Anti-Reflective Coatings and other Lens Customizations are **Discounted**.

Frames

Once every **24-months** spend up to **\$120** and receive a **20% Discount** for amounts over that, after the **Materials Deductible**, if not already met. For additional glasses or sunglasses receive a **20% Discount**.

Contact Lenses

Instead of Lenses and/or Frames, once every **12-months** spend up to **\$120** on Contact Lenses. Additionally, once every **12-months** receive a **15% Discount** on a Contact Lens Fitting & Evaluation, without reducing the amount available for Contact Lenses. **Note: Purchase of Contact Lenses resets the 24-month Frames waiting period.**

ValueAdd Programs

Laser Vision Correction is **Discounted**. **Diabetic EyeCare Plus** provides follow-up medical care for Members with Type I or II Diabetes. **TruHearing** offers **20% Discount** for Digital Hearing Aids. Visit www.vsp.com for more details on all 3 programs.

TraditionalPlan

Employer Sponsored

7.74 Member
13.48 Member & Spouse
13.98 Member & Child(ren)
23.74 Family

Member Paid (Voluntary)

9.74 Member
14.98 Member & Spouse
14.98 Member & Child(ren)
23.74 Family

WellVision Exam

Once every **12-months** receive a WellVision Exam for a **\$15 Co-Pay**.

Materials Deductible

Once every **12-months** pay a **\$25 Deductible** for Lenses and/or Frames.

Lenses

Once every **12-months** receive Single, Lined-Bifocal, Lined-Trifocal or Standard Progressive (No-Line) Lenses for **Free** after the **Materials Deductible**, if not already met. Or, receive Premium Progressive Lenses for an **\$80-\$90 Co-Pay**, or Custom Progressive Lenses for a **\$120-\$160 Co-Pay** after the **Materials Deductible**, if not already met.

Lens Customizations

Polycarbonate Lenses for Kids are **Free**. Tints, Dyes, Photochromic & Polycarbonate Lenses for Adults are **Discounted**. Scratch-Resistance, Anti-Reflective Coatings and other Lens Customizations are **Discounted**.

Frames

Once every **24-months** spend up to **\$110** and receive a **20% Discount** for amounts over that, after the **Materials Deductible**, if not already met. For additional glasses or sunglasses receive a **20% Discount**.

Contact Lenses

Instead of Lenses and/or Frames, once every **12-months** spend up to **\$120** on Contact Lenses. Additionally, once every **12-months** receive a **15% Discount** on a Contact Lens Fitting & Evaluation, without reducing the amount available for Contact Lenses. **Note: Purchase of Contact Lenses resets the 24-month Frames waiting period.**

ValueAdd Programs

Laser Vision Correction is **Discounted**. **Diabetic EyeCare Plus** provides follow-up medical care for Members with Type I or II Diabetes. **TruHearing** offers **20% Discount** for Digital Hearing Aids. Visit www.vsp.com for more details on all 3 programs.

Employer Sponsored Rates For Groups where the Employer pays at least **51%** of the Member premium portion and at least **75%** participation of eligible employees is maintained.

Member Paid (Voluntary) Rates For Groups where the Member is responsible for **100%** of the premium, with no minimum participation requirement of eligible employees.

Out-of-Network Coverage Members can use Out-of-Network providers, but they will be required to pay the provider in full at the time of service. Using the form available on USAvisions website, Members must file within **6-months** of the date of service for a partial reimbursement directly from VSP up to the following amounts, after any applicable **Co-Pay** or **Materials Deductible** is applied: Exam **\$50**, Single Vision Lenses **\$50**, Lined & No-Line Bifocal Lenses **\$75**, Lined & No-Line Trifocal Lenses **\$100**, Progressive Lenses **\$75**, Lenticular Lenses **\$125**, Tints **\$5**, Frames **\$75**, Elective Contact Lenses **\$105**

Benefits are subject to change, check for latest version.

USAvision Inc. | 3851 E Tuxedo Blvd, Ste C | Bartlesville OK 74006 | [f 918 333 5220](tel:9183335220) | [e questions@usavision.net](mailto:questions@usavision.net) | [w www.usavision.net](http://www.usavision.net)



VisionPlans

Optional Coverage Enhancements

Comprehensive Progressive Lens Coverage

This Optional Coverage Enhancement can be added to any Base Plan for a small additional cost. It allows the Member to obtain Progressive Lenses at the Base Plan's **Materials Deductible**, rather than the more expensive **Co-Pays** under the standard Base Plan design.

Computer VisionCare Coverage

This Optional Coverage Enhancement can be added to any Base Plan for a small additional cost. Primary members only after complete a simple questionnaire and after a **\$25** Co-Pay receive a supplemental limited Eye Exam to address the specific visual needs for computer use, and if prescribed, a **Free** second pair of Glasses to meet that need, visit www.vsp.com for more details.

PremierPlan

with **Comprehensive Progressive Lens Coverage**

Employer Sponsored
20.24 Member
30.48 Member & Spouse
30.98 Member & Child(ren)
48.98 Family

Member Paid (Voluntary)
23.74 Member
35.98 Member & Spouse
35.48 Member & Child(ren)
58.24 Family

DeluxePlan

with **Comprehensive Progressive Lens Coverage**

Employer Sponsored
13.48 Member
23.74 Member & Spouse
24.74 Member & Child(ren)
42.24 Family

Member Paid (Voluntary)
15.98 Member
24.74 Member & Spouse
24.74 Member & Child(ren)
39.74 Family

ClassicPlan

with **Comprehensive Progressive Lens Coverage**

Employer Sponsored
9.48 Member
15.98 Member & Spouse
16.48 Member & Child(ren)
28.24 Family

Member Paid (Voluntary)
12.98 Member
19.24 Member & Spouse
19.74 Member & Child(ren)
30.98 Family

TraditionalPlan

with **Comprehensive Progressive Lens Coverage**

Employer Sponsored
8.74 Member
14.98 Member & Spouse
15.48 Member & Child(ren)
26.48 Family

Member Paid (Voluntary)
10.74 Member
16.48 Member & Spouse
16.98 Member & Child(ren)
26.74 Family

PremierPlan

with **Computer VisionCare Coverage**

Employer Sponsored
20.24 Member
29.48 Member & Spouse
29.98 Member & Child(ren)
45.74 Family

Member Paid (Voluntary)
23.24 Member
33.98 Member & Spouse
34.98 Member & Child(ren)
53.48 Family

DeluxePlan

with **Computer VisionCare Coverage**

Employer Sponsored
14.48 Member
23.74 Member & Spouse
24.74 Member & Child(ren)
40.24 Family

Member Paid (Voluntary)
16.98 Member
24.24 Member & Spouse
24.74 Member & Child(ren)
37.98 Family

ClassicPlan

with **Computer VisionCare Coverage**

Employer Sponsored
10.24 Member
16.48 Member & Spouse
16.98 Member & Child(ren)
27.48 Family

Member Paid (Voluntary)
13.48 Member
19.74 Member & Spouse
19.74 Member & Child(ren)
29.98 Family

TraditionalPlan

with **Computer VisionCare Coverage**

Employer Sponsored
9.74 Member
15.48 Member & Spouse
15.98 Member & Child(ren)
25.74 Family

Member Paid (Voluntary)
11.98 Member
16.98 Member & Spouse
17.48 Member & Child(ren)
26.24 Family

PremierPlan

with **Comprehensive Progressive Lens & Computer VisionCare Coverage**

Employer Sponsored
21.74 Member
31.98 Member & Spouse
32.48 Member & Child(ren)
50.48 Family

Member Paid (Voluntary)
25.48 Member
37.24 Member & Spouse
37.48 Member & Child(ren)
59.74 Family

DeluxePlan

with **Comprehensive Progressive Lens & Computer VisionCare Coverage**

Employer Sponsored
15.48 Member
26.24 Member & Spouse
26.74 Member & Child(ren)
43.74 Family

Member Paid (Voluntary)
18.48 Member
26.74 Member & Spouse
27.24 Member & Child(ren)
42.24 Family

ClassicPlan

with **Comprehensive Progressive Lens & Computer VisionCare Coverage**

Employer Sponsored
11.24 Member
17.98 Member & Spouse
18.48 Member & Child(ren)
30.48 Family

Member Paid (Voluntary)
14.98 Member
21.24 Member & Spouse
21.74 Member & Child(ren)
32.98 Family

TraditionalPlan

with **Comprehensive Progressive Lens & Computer VisionCare Coverage**

Employer Sponsored
11.24 Member
17.98 Member & Spouse
18.48 Member & Child(ren)
30.24 Family

Member Paid (Voluntary)
13.48 Member
19.98 Member & Spouse
19.48 Member & Child(ren)
30.24 Family

Benefits are subject to change, check for latest version.

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