

Plan highlights

Plan name	Platinum
Network	Choice
Exam/Lens/Frame frequency (months)	12/12/12
Contacts frequency (in lieu of glasses)	12

In network coverage

Exam copay	\$0
Materials copay	\$0
Frame allowance (includes Walmart/Sam's Club)	\$200
Frame allowance Costco	\$110
Elective contact lens allowance	\$200
Necessary contact lenses	Covered in full after copay
Contact lens fit/eval copayment	Up to \$60
Both frames and contacts in the same year	Yes (allows both frames & contacts in same year - \$200 for each benefit)

Out-of-network allowances

Benefits	Covered up to
Examination	\$45
Single vision lenses	\$30
Bifocal lenses	\$50
Trifocal lenses	\$65
Progressive lenses	\$50

Additional savings

Benefits	Plan details
Frames discount over allowance ²	An extra \$20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.
Additional pair ²	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP provider within 12 months of exam.
LASIK ²	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal screening ²	Routine retinal screening covered for a maximum fee of \$39.
Lens coverage ²	Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full. ³

Lens enhancements¹

Benefits	Costs your plan covers
Anti-glare coating	\$41 single/\$41 multifocal
Impact-resistant lenses — adult	\$31 single/ \$35 multifocal (covered for children)
Progressive lenses	Standard Progressive lenses are covered
Light-reactive lenses	\$75 single vision/ \$75 multifocal
Scratch-resistant coating	\$17 single vision/\$17 multi focal