Plan Comparison from VSP®

All States Except Florida, New York, Oregon, and Washington

VSP Individual Vision Plans

Frequency	Standard Plan	Base Plan	EasyOptions Plan
Exam/Lenses/Frame	Every 12 months	Every 12 months	Every 12 months
Coverage with a VSP Network Doctor			
WellVision Exam®	$15 copay	$15 copay	$15 copay
Prescription Glasses	$25 copay	$25 copay	$25 copay
Frame	$150 frame allowance or $170 on a featured frame brand 20% savings on amount over your allowance	$150 frame allowance or $170 on a featured frame brand 20% savings on amount over your allowance	$150 frame allowance or $170 on a featured frame brand 20% savings on amount over your allowance
Lenses & Lens Enhancements			
Single Vision Lenses	Included in $25 prescription glasses copay	Included in $25 prescription glasses copay	Included in $25 prescription glasses copay
Lined Bifocal Lenses			
Lined Trifocal Lenses			
Impact-resistant Lenses (dependent children)			
Progressive Lenses (standard, premium, custom)	$0-$175 copay	$0-$175 copay	$0-$175
Anti-glare	$41-$85 copay	$41-$85 copay	$41-$85 copay
Light-reactive Lenses	$75 copay	$75 copay	$75 copay
Impact-resistant Lenses	$31-$35 copay	$31-$35 copay	$31-$35 copay
Scratch-resistant Coating	$17-$33 copay	$17-$33 copay	$17-$33 copay
Tinted Lenses	$15-$17 copay	$15-$17 copay	$15-$17 copay
UV Protection	$16 copay	$16 copay	$16 copay
Other Lens Enhancements	Average 30% savings	Average 30% savings	Average 30% savings
Contacts	No copay	No copay	No copay
(instead of glasses)	$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on contact lens exam	$150 allowance for contacts Fully covered contact lens exam (fitting and evaluation)	$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on contact lens exam
Upgrades			
Members can choose from one of the following upgrades as part of their plan coverage.	N/A	N/A	Fully covered premium or custom progressive lenses, Fully covered light-reactive lenses, Additional $80 frame allowance, or Additional $80 contact lens allowance
Coverage with an Out-of-Network Doctor			
Exam/Frame	Up to $45/Up to $70	Up to $45/Up to $70	Up to $45/Up to $70
Lenses/Progressive Lenses	Up to $65/Up to $50	Up to $65/Up to $50	Up to $65/Up to $50
Contacts	Up to $105	Up to $105	Up to $105
Contract, Payment, and Availability			
Contract Term	12 months	12 months	12 months
Healthy Vision Association	N/A	$18 annual enrollment fee	$18 annual enrollment fee in all states except New York, Oregon, and Washington
Plan Availability	Available in all states	Available in all states except Florida, New York, Oregon, and Washington	Available in all states except Florida