

# 2020 VSP Vision Premium, High, Low Plans

Benefit Frequency	Premium Plan		High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Exam</b>	Every 12 months	Up to \$45 Reimbursement	Every 12 months	Up to \$45 Reimbursement	Every 12 months	Up to \$45 Reimbursement
<b>Lenses</b>	Every 12 months	Up to \$47 Reimbursement	Every 12 months	Up to \$47 Reimbursement	Every 24 months	Up to \$47 Reimbursement
<b>Frames</b>	Every 12 months	Up to \$45 Reimbursement	Every 24 months	Up to \$45 Reimbursement	Every 24 months	Up to \$45 Reimbursement
<b>Covered Services</b>						
<b>Exam</b>	\$5 Copay for exam & glasses	Up to \$45 Reimbursement	\$15 Copay for exam & glasses	Up to \$45 Reimbursement	\$25 Copay for exam & glasses	Up to \$45 Reimbursement
<b>Frames</b>	Copay combined with exam, up to \$150 allowance; 20% discount over allowance amount	Up to \$47 Reimbursement	Copay combined with exam, up to \$130 allowance; 20% discount over allowance amount	Up to \$47 Reimbursement	Copay combined with exam, up to \$120 allowance; 20% discount over allowance amount	Up to \$47 Reimbursement
<b>Lenses</b>						
Single Vision	\$0 Copay	Up to \$45 Reimbursement	\$0 Copay	Up to \$45 Reimbursement	\$0 Copay	Up to \$45 Reimbursement
Lined Bifocal	\$0 Copay	Up to \$65 Reimbursement	\$0 Copay	Up to \$65 Reimbursement	\$0 Copay	Up to \$65 Reimbursement
Lined Trifocal	\$0 Copay	Up to \$85 Reimbursement	\$0 Copay	Up to \$85 Reimbursement	\$0 Copay	Up to \$85 Reimbursement
Progressive	\$50-\$160 Copay	Up to \$85 Reimbursement	\$50-\$160 Copay	Up to \$85 Reimbursement	\$50-\$160 Copay	Up to \$85 Reimbursement
<b>Contact Lenses</b>	\$0 Copay; Up to \$150 Allowance	Up to \$105 Reimbursement	\$0 Copay; Up to \$130 Allowance	Up to \$105 Reimbursement	\$0 Copay; Up to \$120 Allowance	Up to \$105 Reimbursement