



**Group:** Educational Services, Inc. (Plan #3823)  
**Plan:** VSP Plus 10-130  
**Effective Date:** 1/1/2020  
**Plan Type:** Voluntary

	In-Network	Out-of-Network
<b>Network</b>	<b>VSP Choice Plus</b>	
<b>WellVision Exam</b>	\$10 Co-pay	Up to \$65
<b>Lenses (Glass or Plastic)</b>		
Single Vision	\$10 Co-pay	Up to \$30
Lined Bifocal	\$10 Co-pay	Up to \$50
Lined Trifocal	\$10 Co-pay	Up to \$65
Lenticular	\$10 Co-pay	Up to \$100
<b>Lens Options</b>		
Progressive (Standard no-line)	\$55 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)
Premium Progressive Options	\$95-\$105 Co-pay	
Custom Progressive Options	\$150-\$175 Co-pay	
Plastic Gradient Dye	\$17 Co-pay	
Solid Plastic Dye	\$15 Co-pay	N/A
Photochromic Lenses	\$70 Co-pay SV/\$82 Co-Pay Multifocal	
Polycarbonate for Adults	\$31 Co-pay SV/\$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	\$0 Copay	
<b>Coatings</b>		
Scratch Resistant Coating	\$17 Co-pay	N/A
Anti-Reflective Coating	\$41 Co-pay	
UV Protection	\$16 Co-pay	
Additional lens enhancements	Up to 25% Discount	
<b>Frames</b>		
Allowance Based on Retail Pricing	\$130 Allowance at any VSP doctor or \$70 at Costco, Sam's Club or Walmart	Up to \$80
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
<b>Elective Contact Lenses In Lieu of Frame &amp; Lenses</b>		
Elective contact lens fitting, evaluation services and prescription contact lenses are covered up to plan allowance. 15% discount given off contact lens fitting and evaluation services, excluding materials.	\$130 Allowance	Up to \$115
<b>Frequency</b>		
Exam, Lenses, Frame or Contacts	Every 12 Months	
<b>Refractive Surgery</b>		
LASIK***	Up to \$500 in Savings	Not Covered
<b>Monthly Rates</b>	<b>Voluntary</b>	
Employee	\$9.00	
Employee + Spouse	\$19.30	
Employee + Child(ren)	\$20.70	
Employee + Spouse + Child(ren)	\$29.60	
<b>Notes</b>		
This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.		
** 20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.		
*** Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3		

Underwritten by: EMI Health