MONROE COUNTY

vsp vision care

TheStandard

Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and VSP through The Standard would share the cost for covered vision care services.

Plan 1: Balanced Care Vision I Plan Summary

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	$0 Exam	$0 Exam
	$20 Eye Glass Lenses or Frames*	$20 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $45
Lenses (per pair)		
Single Vision	Covered in full	Up to $30
Bifocal	Covered in full	Up to $50
Trifocal	Covered in full	Up to $65
Lenticular	Covered in full	Up to $100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Participant cost up to $60	Not covered
Elective	Up to $150	Up to $120
Medically Necessary	Covered in full	Up to $210
Frame Allowance	$150**	Up to $75
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

**Deductible applies to a complete pair of glasses or to frames, whichever is selected.*
*** The Costco and Walmart allowance will be the wholesale equivalent.*

Lens Options (participant cost)*

	VSP Choice Network + Affiliates	Out of Network
	(Other than Costco)	
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children $33 adults	Not covered
Solid Plastic Dye	$15 (except Pink I & II)	Not covered
Plastic Gradient Dye	$17	Not covered
Photochromatic Lenses (Glass & Plastic)	$31-$82	Not covered
Scratch Resistant Coating	$17-$33	Not covered
Anti-Reflective Coating	$43-85	Not covered
Ultraviolet Coating	$16	Not covered

**Lens Option participant costs vary by prescription, option chosen and retail locations.*

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Additional Balanced Care Vision I Choice Network Features	
Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is $1,800 for LASIK and $2,300 for custom LASIK using Wavefront technology, and $1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of the approved amount (up to $1,000 is covered every two years).

**Based on applicable laws, reduced costs may vary by doctor and location.*

Using your VSP Benefit is easy.

- **Find an eyecare provider who's right for you.** To find a VSP provider, visit **vsp.com**, or call 1-888-869-8252.
- **Create an account at vsp.com.** ***Once your coverage is effective,*** review your benefit information.
- **At your appointment, tell them you have VSP.** There is no ID card necessary. If you'd like a card as a reference, you can print one on **vsp.com.**
- **That's it! VSP will handle the rest –** there are no claim forms to complete when you see a VSP Provider.

You'll like what you see with VSP.

- **High Quality Vision Care.** You'll get the best care from a VSP provider including a WellVision Exam – the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make – choose a VSP doctor or a participating retail chain.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

12-MONTH PLAN: **Participation in the Vision Plan is an annual election on June 1st of each year. You will have the opportunity to change your election or cancel coverage only on June 1st of each year. Once your election is made, you will be insured for 12 months.**

Your Bi-Weekly Premium	Employee	Employee+Spouse	Employee+Child(ren)	Family
	$3.66	$7.22	$6.81	$10.38

Questions? Please call our Administrator - Norvest Financial Services, Inc.
1-888-869-8252

Scan the QR Code below to enroll online at monroeenroll.com

vsp vision care through The Standard Life Insurance Company of New York