

# Voluntary Vision | 2023



## HOW'S YOUR HEALTH

In addition to eye disease, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol.

This is important since you won't always notice the symptoms yourself and early detection and treatment of some diseases may help prevent serious illness or permanent damage.

## FIND A PARTICIPATING EYE DOCTOR

<https://www.vsp.com/eye-doctor>

This coverage is **voluntary** which means you are responsible for 100% of the cost if you choose to elect this benefit.

In-Network Coverage	VSP Vision
EXAM	
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	Covered - Up to a combined benefits maximum of \$400
LENSES AND FRAMES	
Single Vision, bifocal, trifocal or lenticular lenses in glass or plastic	Covered - Up to a combined benefits maximum of \$400
<b>Standard Frames -</b> Provider's standard eyeglasses frames include a wide selection of quality frames that are covered by VSP. Members should ask their doctor which frames are covered in full. Members may select a more expensive frame and pay a cost controlled price difference. Member responsible for any cost exceeding the allowance.	
CONTACT LENSES	
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	Covered - Up to a combined benefits maximum of \$400
Elective contacts that improve vision (prescribed but do not meet the criteria of medically necessary). Allowance applied to contact lens exam and the contact lenses. Member responsible for any cost exceeding the allowance.	
FREQUENCY	
Examination	Once every 12 months
Lenses	
Frames	
Contact lenses	
CONTRIBUTIONS BI-WEEKLY	
Employee	\$5.04
Employee + One	\$10.08
Family	\$16.72

*This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, including out-of-network costs, please see the applicable certificate and riders*