

State of Michigan Vision Plan

Summary of Benefits for Employees

Service	VSP Providers	Nonparticipating Providers
Vision testing examination		
Routine eye exam	100% of VSP-approved amount minus \$5 copay	75% of VSP-approved amount minus \$5 copay
	Once every 12 months	
Eyeglass lenses (glass, plastic or prism up to 71 mm); Members may obtain either eyeglasses or contact lenses, but not both.		
Single vision	100% of VSP-approved amount minus \$7.50 copay*	No copay; maximum of: <ul style="list-style-type: none"> • \$13 per pair for glass • \$16 per pair for plastic • \$15 per pair for prism
	Once every 24 months, or once every 12 months if prescription has changed	
Bifocal (includes blended)	100% of VSP-approved amount minus \$7.50 copay*	No copay; maximum of: <ul style="list-style-type: none"> • \$20 per pair for glass • \$23 per pair for plastic • \$22 per pair for prism
	Once every 24 months, or once every 12 months if prescription has changed	
Trifocal	100% of VSP-approved amount minus \$7.50 copay*	No copay; maximum of: <ul style="list-style-type: none"> • \$24 per pair for glass • \$27 per pair for plastic • \$26 per pair for prism
	Once every 24 months, or once every 12 months if prescription has changed	
Special lenses	100% of VSP-approved amount minus \$7.50 copay*	50% or 75% of VSP-approved amount for comparable lenses, whichever is less
	Once every 24 months, or once every 12 months if prescription has changed	
Rose tints # 1 and 2	100% of VSP-approved amount	Maximum of \$3 per pair

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Frames		
Eyeglass frames	Frame allowance** minus \$7.50 copay*	Maximum of \$14.75** No copay
	Once every 24 months, or once every 12 months if prescription has changed	
Contact lenses - Members may obtain either eyeglasses or contact lenses, but not both.		
Medically necessary	100% of VSP-approved amount minus \$7.50 copay*	Maximum of \$96 per pair No copay
	Once every 24 months, or once every 12 months if prescription has changed	
Cosmetic, not medically necessary	Maximum of \$90 per pair No copay	Maximum of \$40 per pair No copay
	Once every 24 months, or once every 12 months if prescription has changed	

*If member has already made a copay for lenses, no further copay is required.

**See your union contract for actual frame allowance.

This benefit chart is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. Every effort has been made to ensure the accuracy of this information. However, if statements in this description differ from the applicable coverage documents, then the terms and conditions of those documents will prevail. Payment amounts are based on the VSP-approved amount, less any applicable copay amount required by the State Vision Plan. This coverage is provided pursuant to a contract entered into with the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan.