

# Vision Chart

Service	Participating providers	Non-participating providers
<b>Vision testing examination</b>		
Routine eye exam	100% of VSP-approved amount minus \$5 copay	75% of VSP-approved amount minus \$5 copay
	Once every 12 months	
<b>Eyeglass lenses (glass, plastic or prism up to 71 mm); Members may obtain either eyeglasses or contact lenses, but not both.</b>		
Single vision	100% of VSP-approved amount minus \$7.50 copay*	No copay; maximum of: <ul style="list-style-type: none"> <li>• \$13 per pair for glass</li> <li>• \$16 per pair for plastic</li> <li>• \$15 per pair for prism</li> </ul>
	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"> <li>• \$20 per pair for glass</li> <li>• \$23 per pair for plastic</li> <li>• \$22 per pair for prism</li> </ul>
	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"> <li>• \$24 per pair for glass</li> <li>• \$27 per pair for plastic</li> <li>• \$26 per pair for prism</li> </ul>
	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	
Photochromatic lenses (transitions) and progressive lenses	100% of VSP-approved amount minus \$7.50 copay*	Not Covered
	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
<b>Frames</b>		
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	
<b>Contact lenses - Members may obtain either eyeglasses or contact lenses, not both.</b>		
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.