



## Vision Plan Comparison

### VSP 10/100

### VSP 10/160

### VSP 10/210

Plan Year	January 1 through December 31		January 1 through December 31		January 1 through December 31	
Benefit Resources	Exam, Lenses, and Contact Lenses: Every 12 months Frames: Every 24 months		Exam, Lenses, and Contact Lenses: Every 12 months Frames: Every 24 months		Exam, Lenses, and Contact Lenses: Every 12 months Frames: Every 24 months	
Network Providers	www.emihealth.com		www.emihealth.com		www.emihealth.com	
	In Network VSP Choice Plus	Out of Network Any Optometrist Co-pays apply	In Network VSP Choice Plus	Out of Network Any Optometrist Co-pays apply	In Network VSP Choice Plus	Out of Network Any Optometrist Co-pays apply
Exam	\$10 co-pay	Up to \$45 allowance	\$10 co-pay	Up to \$45	\$10 co-pay	Up to \$65
Lenses (Glass or Plastic)						
Single Vision Lenses	\$25 co-pay	Up to \$30	\$25 co-pay	Up to \$30	\$25 co-pay	Up to \$30
Lined Bifocal Lenses	\$25 co-pay	Up to \$50	\$25 co-pay	Up to \$50	\$25 co-pay	Up to \$50
Lined Trifocal Lenses	\$25 co-pay	Up to \$65	\$25 co-pay	Up to \$65	\$25 co-pay	Up to \$65
Progressive Lenses (Standard no-line)	\$55 co-pay	Up to \$50 (in lieu of lined bifocal reimbursement)	\$55 co-pay	Up to \$50 (in lieu of lined bifocal reimbursement)	\$55 co-pay	Up to \$50 (in lieu of lined bifocal reimbursement)
Coatings						
Scratch-Resistant Coating	\$17 co-pay	N/A	\$17 co-pay	N/A	\$17 co-pay	N/A
Anti-Reflective Coating	\$41 co-pay		\$41 co-pay		\$41 co-pay	
UV Protection	\$16 co-pay		\$16 co-pay		\$16 co-pay	
Frames						
Allowance Based on Retail Pricing	\$100 allowance for any VSP doctor or \$55 at Costco, Sam's Club or Walmart	Up to \$70	\$160 allowance for any VSP doctor or \$90 at Costco, Sam's Club or Walmart	Up to \$70	\$210 allowance for any VSP doctor or \$110 at Costco, Sam's Club or Walmart	Up to \$90
Elective Contact Lenses in lieu of Frame and Lenses						
Contact Lens Fitting and Evaluation	\$60 co-pay	Up to \$80 for contact fitting, evaluation, and contact lens material	\$60 co-pay	Up to \$105 for contact fitting, evaluation, and contact lens material	\$210 Allowance	Up to \$195 for contact fitting, evaluation, and contact lens material
Prescription Contact Lens Allowance	\$100 Allowance		\$160 Allowance		\$210 Allowance	
Refractive Surgery (LASIK)	Up to \$500 in savings, discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3	Not covered	Up to \$500 in savings, discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3	Not covered	Up to \$500 in savings, discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3	Not covered

\*Contact lenses are in lieu of spectacle lenses and frames once every 12 months.

This document is to serve as a quick reference aid only. Master plan description available at [www.helpside.com/mdv-plan-info](http://www.helpside.com/mdv-plan-info)

To identify In-Network Providers, go to [www.emihealth.com](http://www.emihealth.com)

