

Your VSP Vision Benefits Summary



Oregon Educators Benefit Board (OEBB) and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

VSP Choice Plus Plan VSP Provider Network: VSP Choice

Benefit	Description	Copay
Your Coverage with a VSP Choice Network Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Check to see if your Costco doctor is a participating provider before making an appointment. Every 12 months 	\$10
Prescription Glasses		\$20
Frame	<ul style="list-style-type: none"> \$300 allowance for a wide selection of frames \$320 allowance for featured frame brands 20% savings on the amount over your allowance Frame allowance is equivalent to \$165 Costco® / Wal-Mart® based on Costco® / Wal-Mart® pricing Every 12 months 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Polycarbonate lenses Scratch resistant and UV coating Anti-reflective coatings Progressive lenses Average savings of 20-25% on other lens enhancements Every 12 months 	\$0 \$0 \$15 \$15
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$300 allowance for contacts (in lieu of frames and lenses) Contact lens exam (fitting and evaluation) 15% off of contact lens exam services Every 12 months 	Up to \$60
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20
Suncare	<ul style="list-style-type: none"> \$300 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts Every 12 months 	\$20

VSP Choice Plan VSP Provider Network: VSP Choice

Benefit	Description	Copay
Your Coverage with a VSP Choice Network Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Check to see if your Costco doctor is a participating provider before making an appointment. Every 12 months 	\$10
Prescription Glasses		\$20
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance Frame allowance is equivalent to \$80 Costco® / Wal-Mart® based on Costco® / Wal-Mart® pricing Every 12 months 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Scratch resistant and UV coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every 12 months 	\$0 \$55 \$95 - \$105 \$150 - \$175
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts (in lieu of frames and lenses) Contact lens exam (fitting and evaluation) 15% off of contact lens exam services Every 12 months 	Up to \$60
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20
Suncare	<ul style="list-style-type: none"> \$150 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts Every 12 months 	\$20

Extra Savings	Glasses and Sunglasses	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP Choice Network provider within 12 months of your last WellVision Exam.
	Retinal Screening	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	Laser Vision Correction	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP Choice Network Provider

Exam	up to \$45	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50	Frame	up to \$70
Lined Bifocal Lenses	up to \$50				

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

1. Brands/Promotion subject to change. ©2017 Vision Service Plan. All rights reserved. VSP, VSP Vision care for Life, Eyeconic, and WellVision Exam are registered trademarks, and VSP Diabetic Eye Care Plus Program is a service mark of Vision Service Plan. All other brands or marks are the property of their respective owners. 9979 VCCM