2024 VISION Comparison Chart

VISION PLAN PREMIUMS (PER PAY PERIOD)

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	VISION PLAN - HIGH		VISION PLAN - LOW		
	Full-time	Part-time	Full-time	Part-time	
Employee Only	\$0.44	\$0.53	\$0.18	\$0.21	
Employee + Spouse	\$1.89	\$2.26	\$0.75	\$0.91	
Employee + Child(ren)	\$1.91	\$2.30	\$0.76	\$0.93	
Employee + Family	\$2.80	\$3.31	\$1.13	\$1.35	

PLAN FEATURE	VISION PLAN – HIGH		VISION PLAN – LOW	
	VSP Choice Network	Non-VSP Provider	VSP Choice Network	Non-VSP Provider
Vision Exam (once every January)	\$15 copay, then plan pays 100%	Plan pays up to \$45	\$15 copay, then plan pays 100%	\$15 copay, then plan pays 100%
Eyeglass lenses (once every Jai	nuary)			
Single, including polycarbonate for children	\$15 copay, then plan pays 100%	Plan pays up to \$30	\$30 copay, then plan pays 100%	Plan pays up to \$30
Lined bifocal	\$15 copay, then plan pays 100%	Plan pays up to \$50	\$30 copay, then plan pays 100%	Plan pays up to \$50
• Lined trifocal	\$15 copay, then plan pays 100%	Plan pays up to \$65	\$30 copay, then plan pays 100%	Plan pays up to \$65
• Progressives	\$30 copay, then plan pays 100%	Not covered	Not covered	Not covered
Eyeglass frames (once every January for Package One; once every other January for Package Two)	\$150 allowance, 20% off the amount over your allowance	Plan pays up to \$70	\$30 copay; \$130 allowance and 20% off the amount over your allowance	Plan pays up to \$70
Contact lenses in lieu of eyeglass lenses/frames (once every January)	\$150 allowance for contact lenses and exam	Plan pays up to \$105	\$105 allowance for contact lenses and exam	Plan pays up to \$105
Laser vision correction surgery	Discounts vary by location, but will average 15% off of the regular price, or 5% off of the promotional price; discounts only available from contracted facilities	Not covered	Discounts vary by location, but will average 15% off the contracted laser center's regular price. If the laser center is offering a promotional price, members receive 5% discount	Not covered