Corporate (801)262-7475

| Group: | Educational Services, Inc. (Plan \#3823) |  |
| :---: | :---: | :---: |
| Plan: | VSP Plus 10-130 |  |
| Effective Date: | 1/1/2023 |  |
| Plan Type: | Voluntary |  |
|  | In-Network | Out-of-Network |
| Network | VSP Choice Plus |  |
| WellVision Exam | \$10 Co-pay | Up to \$65 |
| Lenses (Class or Plastic) |  |  |
| Single Vision | \$10 Co-pay | Up to \$30 |
| Lined Bifocal | \$10 Co-pay | Up to \$50 |
| Lined Trifocal | \$10 Co-pay | Up to \$65 |
| Lenticular | \$10 Co-pay | Up to \$100 |
| Lens Options |  |  |
| Progressive (Standard no-line) | \$55 Co-pay | Up to $\$ 50$ (In lieu of Lined Bifocal reimbursement) |
| Premium Progressive Options | \$95-\$105 Co-pay |  |
| Custom Progressive Options | \$150-\$175 Co-pay |  |
| Plastic Gradient Dye | \$17 Co-pay | N/A |
| Solid Plastic Dye | \$15 Co-pay |  |
| Photochromic Lenses | \$70 Co-pay SV/\$82 Co-Pay Multifocal |  |
| Polycarbonate for Adults | \$31 Co-pay SV/\$35 Co-Pay Multifocal |  |
| Polycarbonate for Children (under 18) | \$0 Copay |  |


| Coatings |  |  |
| :--- | :---: | :---: |
| Scratch Resistant Coating | \$17 Co-pay |  |
| Anti-Reflective Coating | \$41 Co-pay |  |
| UV Protection | \$16 Co-pay |  |
| Additional lens enhancements | Up to 25\% Discount | N/A |


| Frames |  |  |
| :--- | :---: | :---: |
| Allowance Based on Retail Pricing | \$130 Allowance at any VSP doctor or $\$ 70$ at <br> Costco, Sam's Club or Walmart | Up to \$80 |
| Additional Pairs of Glasses** | Up to 20\% Off Retail | N/A |


| Elective Contact Lenses In Lieu of Frame \& Lenses |  |  |
| :---: | :---: | :---: |
| Elective contact lens fitting, evaluation services and prescription contact lenses are covered up to plan allowance. 15\% discount given off contact lens fitting and evaluation services, excluding materials. | \$130 Allowance | Up to \$115 |


| Frequency |  | Every 12 Months |
| :--- | :--- | :--- |
| Exam, Lenses, Frame or Contacts |  |  |
| Refractive Surgery | Up to $\$ 500$ in Savings | Not Covered |
| LASIK** |  |  |

## Notes

This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions. ** $20 \%$ discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam. *** Discounts average 15-20\% off or 5\% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3

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[^0]:    Underwritten by: EMI Health

