Warren Hills BOE
Voluntary Vision Plan

Carrier	VSP	
	In-Network	**Out-of-Network**
Exam Copay	**$20**	**Reimbursed up to $45**
Frame / Lense Copay	**$20**	**n/a**
Allowances		
Frame Allowance	**$150**	**Reimbursed up to $70**
Contact Lens Allowance	**$150* in lieu lenses & frames**	**Reimbursed up to $105 in lieu lenses & frames**
VSP LightCare (non-prescription blue light or sunglasses)	**$150**	**n/a**
Frequency Limit		
Eye Exam	**12 Months**	**12 Months**
Lenses	**12 Months**	**12 Months**
Frames	**12 Months**	**12 Months**
Contact Lenses	**12 Months in lieu lenses & frames**	**12 Months in lieu lenses & frames**
Lenses		
Single Vision	**100% after $20 copay**	**Reimbursed up to $30**
Lined Bifocal		**Reimbursed up to $50**
Lined Trifocal		**Reimbursed up to $65**
Lenticular		**Reimbursed up to $100**
Standard Progressive		**Reimbursed up to $50**
Lens Enhancements		
Premium Progressive Lenses	**$95 - $105**	**n/a**
Custom Progressive Lenses	**$150 - $175**	
Photochromic Lenses	**$41**	
Polycarbonate Lenses	**$31 - $35 ($0 for children)**	
Scratch Resistant Coating	**$17**	
UV Protection	**$16**	

*$80 Costco Frame Allowance