



Monthly Cost	Standard Plan	Easy Options Plan
Member Only	\$11.20	\$14.80
Two-Person Plan	\$21.14	\$27.94
Family Plan (3+)	\$28.98	\$38.30
Frequency		
Exam/Lenses/Frame	Every 12 months	Every 12 months
Coverage with a VSP Network Doctor		
Well Vision Exam®	\$15 copay	\$15 copay
Prescription Glasses	\$25 copay	\$25 copay
Frame	\$150 frame allowance or \$170 on a featured frame brand 20% savings on amount over your allowance	\$150 frame allowance or \$170 on a featured frame brand 20% savings on amount over your allowance
Lenses & Lens Enhancements		
Single Vision Lenses	Included in \$25 prescription glasses copay	Included in \$25 prescription glasses copay
Lined Bifocal Lenses		
Lined Trifocal Lenses		
Progressive Lenses (Standard, premium, custom)	\$0-\$175 copay	\$0-\$175
Anti-glare	\$41-\$85 copay	\$41-\$85 copay
Light-reactive Lenses	\$75 copay	\$75 copay
Impact-resistant Lenses	\$31-\$35 copay	\$31-\$35 copay
Scratch-resistant Coating	\$17-\$33 copay	\$17-\$33 copay
Tinted Lenses	\$15-\$17 copay	\$15-\$17 copay
UV Protection	\$16 copay	\$16 copay
Other Lens Enhancements	Average 30% savings	Average 30% savings
Contacts	No copay	No copay
(Instead of glasses)	\$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on contact lens exam	\$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on contact lens exam
Upgrades		
Choose from one of the following upgrades at time of service.	N/A	Fully covered premium or custom progressive lenses, Fully covered light-reactive lenses, Additional \$80 frame allowance, or Additional \$80 contact lens allowance
Contract Term		
	12 months	12 months