



**NEW for
2017-18**



Vision	VSP Choice Plus Plan VSP Choice Network
Plan Year Maximum	N/A
Routine Eye Exam:	
Benefit:	Plan pays 100% after \$10 copay
Frequency:	Every 12 months
Lenses:	
Basic lens benefit:	\$20 copay (applied towards lenses & frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. Polycarbonate lenses, scratch resistant and UV coatings covered in full
Lens enhancements	\$15 copay for anti-reflective coating or progressive lenses
Frequency:	Once every 12 months
Frames / Contacts:	
Benefit:	Covered in full up to retail allowance of \$300 ; 20% off amount over retail allowance for frames
Frequency:	Once every 12 months

*Exam and hardware charges all apply to the plan year maximum on Moda Plans

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.