



**VSP Vision - 4J  
2020-21 Benefit Plan Summary  
Choice Plus**



Vision	
Plan Year Maximum	N/A
<b>Routine Eye Exam:</b>	
Benefit:	Plan pays 100% after \$10 copay
Frequency:	Every 12 months
<b>Lenses:</b>	
Basic lens benefit:	\$20 copay (applied towards lenses & frame): Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses covered in full. <b>Polycarbonate lenses, scratch resistant and UV coatings covered in full</b>
Lens enhancements:	<b>\$0 copy for standard progressive lenses \$15 copay for anti-reflective coating or premium/custom progressive lenses</b>
Frequency:	Once every 12 months
<b>Frames / Contacts:</b>	
Benefit:	Covered in full up to retail allowance of <b>\$300</b> ; 20% off amount over retail allowance for frames  Additional \$50 or higher allowance for feature frame brands (i.e. Nike, Calvin Klein, Columbia Sportswear, Cole Haan, etc.)  Available in-network at VSP doctor and participating retail chain locations (not applicable at Costco or Walmart)  Not eligible to combine the Enhanced Featured Frame Allowance with Extra \$20 or Extra \$40 promotions.
Frequency:	Once every 12 months
<b>Non-Prescription Benefit</b>	
Benefit:	OEBB members can use their frame allowance to pay for non-prescription sunglasses, in lieu of prescription glasses or contacts. Coverage with a participating retail chain may be different. Once your benefit is effective, visit <a href="http://vsp.com">vsp.com</a> for details

**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.**