



**VSP Vision - 4J
2021-22 Benefit Plan Summary
Choice Plus**



Vision	
Plan Year Maximum	N/A
Routine Eye Exam:	
Benefit:	Plan pays 100% after \$10 copay
Frequency:	Once 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:	\$0 copay for standard progressive lenses \$15 copay for anti-reflective coating or premium/custom 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 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
Non-Prescription Benefit	
Benefit:	OEBB members can use their frame allowance to pay for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts. Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.

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