



Exam	Free every 12 months
Lenses	Free every 12 months
Frames	\$170 every 12 months
Contacts	\$150 every 12 months

Exam	\$ 10 every 12 months
Lenses	\$ 25 every 12 months
Frames	\$ 150 every 12 months
Contacts	\$ 125 every 12 months

Exam	\$ 10 every 12 months
Lenses	\$ 25 every 12 months
Frames	\$ 130 every 24 months
Contacts	\$ 120 every 12 months

Exam	\$ 15 every 12 months
Lenses	\$ 25 every 12 months
Frames	\$ 120 every 24 months
Contacts	\$ 120 every 12 months

20230831



Network

Name

Eye Exam

Frequency

Exam

Digital Retinal Scan

Materials

Frequency

Deductible

Lenses

Frequency

Single Vision

Lined Bi-Focal

Lined Tri-Focal

Standard Progressives (No-Line)

Premium Progressives (No-Line)

Custom Progressives (No-Line)

High Index

Polarized

Impact-Resistant

Lens Customizations

Polycarbonates for Children

Polycarbonate for Adults

Transitional (Photochromic)

Tinting

Scratch-Resistant

Anti-Reflective Coatings

UV Coatings

Other Lens Customizations

Frames

Frequency

Coverage

Featured Brand Coverage

Coverage After Allowance

Extra Savings

Additional Glasses or Sunglasses

Blue-Light Filtering Glasses

Contact Lenses

(Instead of Lenses and/or Frames)

Frequency

Coverage

Fitting & Evaluation Exam

Medically Necessary Contacts

Laser Vision Surgery

Coverage

Essential Medical Eye

Care Services

Coverage

Hearing

Frequency

TruHearing Digital Hearing Aids

Online Hearing Test

Hearing Aid Batteries

Base Plan Monthly Rates - Employer Sponsored

Employee Only

Spouse & Employee

Child(ren) & Employee

Family

Base Plan Monthly Rates - Voluntary

Employee Only

Spouse & Employee

Child(ren) & Employee

Family

PremierPlan

Exam Free every 12 Months
Lenses Free every 12 Months
Frames \$170 every 12 Months
Contacts \$150 every 12 Months

VSP Choice

12 Months

Free

\$39 Co-Pay

12 Months

Free

12 Months

Free

Free

Free

Free

\$95-\$105 Co-Pay

\$150-\$175 Co-Pay

30% Average Discount

30% Average Discount

30% Average Discount

Free

Free

Free

Free

30% Average Discount

30% Average Discount

30% Average Discount

30% Average Discount

12 Months

\$170 Allowance

\$190 Allowance

20% Discount

20% Discount

20% Discount

12 Months

\$150 Allowance

Max \$60 Co-Pay

Free

Discounted

\$20 Co-Pay

12 Months

Up to 60% Discount

Free

120 for \$39

\$16.24

\$24.24

\$24.74

\$39.24

\$19.48

\$28.74

\$29.24

\$45.98

DeluxePlan

Exam \$ 10 every 12 Months
Lenses \$ 25 every 12 Months
Frames \$150 every 12 Months
Contacts \$125 every 12 Months

VSP Choice

12 Months

\$10 Co-Pay

\$39 Co-Pay

12 Months

\$25

12 Months

Free after Deductible

Free after Deductible

Free after Deductible

Free after Deductible

\$95-\$105 Co-Pay

\$150-\$175 Co-Pay

30% Average Discount

30% Average Discount

30% Average Discount

Free

Free

Free

Free

30% Average Discount

30% Average Discount

30% Average Discount

30% Average Discount

12 Months

\$150 Allowance

\$170 Allowance

20% Discount

20% Discount

20% Discount

12 Months

\$125 Allowance

Max \$60 Co-Pay

Free

Discounted

\$20 Co-Pay

12 Months

Up to 60% Discount

Free

120 for \$39

\$11.24

\$19.48

\$20.24

\$33.98

\$12.98

\$19.98

\$20.24

\$31.48

ClassicPlan

Exam \$ 10 every 12 Months
Lenses \$ 25 every 12 Months
Frames \$130 every 24 Months
Contacts \$120 every 12 Months

VSP Choice

12 Months

\$10 Co-Pay

\$39 Co-Pay

12 Months

\$25

12 Months

Free after Deductible

Free after Deductible

Free after Deductible

Free after Deductible

\$95-\$105 Co-Pay

\$150-\$175 Co-Pay

30% Average Discount

30% Average Discount

30% Average Discount

Free

30% Average Discount

Free

30% Average Discount

30% Average Discount

30% Average Discount

30% Average Discount

30% Average Discount

24 Months

\$130 Allowance

\$150 Allowance

20% Discount

20% Discount

20% Discount

12 Months

\$120 Allowance

15% Discount

Free

Discounted

\$20 Co-Pay

12 Months

Up to 60% Discount

Free

120 for \$39

\$ 7.48

\$12.98

\$13.24

\$22.24

\$ 9.98

\$14.98

\$15.48

\$24.74

TraditionalPlan

Exam \$ 15 every 12 Months
Lenses \$ 25 every 12 Months
Frames \$120 every 24 Months
Contacts \$120 every 12 Months

VSP Choice

12 Months

\$15 Co-Pay

\$39 Co-Pay

12 Months

\$25

12 Months

Free after Deductible

Free after Deductible

Free after Deductible

Free after Deductible

\$95-\$105 Co-Pay

\$150-\$175 Co-Pay

30% Average Discount

30% Average Discount

30% Average Discount

Free

30% Average Discount

30% Average Discount

30% Average Discount

30% Average Discount

30% Average Discount

30% Average Discount

30% Average Discount

24 Months

\$120 Allowance

\$140 Allowance

20% Discount

20% Discount

20% Discount

12 Months

\$120 Allowance

15% Discount

Free

Discounted

\$20 Co-Pay

12 Months

Up to 60% Discount

Free

120 for \$39

\$ 6.98

\$11.98

\$12.48

\$21.24

\$ 8.74

\$13.24

\$13.24

\$20.98



Computer VisionCare Enhancement

The optional Computer VisionCare enhancement can be selected alongside any of our base plans. It provides additional computer vision specific coverage for the **Employee Only**.



After an employee completes a simple questionnaire, and pays a **\$25 Co-Pay**, they will receive a supplemental, limited eye exam to determine their specific visual needs for computer use. After this eye exam, if it is prescribed, employees will receive an additional pair of glasses to meet their computer use needs for **Free**. See rates on back page.



Progressive Lenses Enhancement



This optional enhancement can be added to any base plan for a small additional cost. It allows the employee to obtain Progressive Lenses at the plan's Materials Deductible, instead of the more expensive Co-Pays under the base plan design. See rates on back page.



Essential Medical Eye Care Services

Included in all our base plans, for only a **\$20 Co-Pay**, get so much more than a vision exam. VSP network doctor can diagnose and treat conditions including conjunctivitis, dry eye disease, eye trauma, sudden changes in vision, and more. Covered services include:

Retinal Screening for members with diabetes.

Medical Exams & Services for diagnosis, treatment, and management of chronic conditions, such as diabetic eye disease, glaucoma, and age-related macular degeneration.

Treatment for Urgent Conditions such as eye infections, foreign body and abrasions, eye injuries, and eye or eyelid chemical exposure.

Medical Tests for diagnosis and treatment of sudden vision changes, such as eye flashes, floaters, and sudden vision loss.

Other Vision Medical Services



Out-of-Network Coverage

Members can use Out-of-Network providers, but they will be required to pay the provider in full at the time of service. Using the form available at www.usavision.net. Members must file within **6-months** of the date of service for a partial reimbursement directly from VSP up to the following amounts, after any applicable **Co-Pay** or **Materials Deductible** is applied:

Up to \$ 45	Exam
Up to \$ 50	Bifocal Lenses (Lined or No-Line)
Up to \$ 50	Progressive Lenses
Up to \$ 70	Frames
Up to \$ 210	Medically Necessary Contacts

Up to \$ 30	Single Vision Lenses
Up to \$ 65	Trifocal Lenses (Lined or No-Line)
Up to \$ 100	Lenticular Lenses
Up to \$ 105	Contacts



Monthly Rates for **Choice** Network Plans

Base Plans

Employer Sponsored	Premier	Deluxe	Classic	Traditional
Employee Only	\$16.24	\$11.24	\$ 7.48	\$ 6.98
Spouse & Employee	\$24.24	\$19.48	\$12.98	\$11.98
Child(ren) & Employee	\$24.74	\$20.24	\$13.24	\$12.48
Family	\$39.24	\$33.98	\$22.24	\$21.24
Voluntary				
Employee Only	\$19.48	\$12.98	\$ 9.98	\$ 8.74
Spouse & Employee	\$28.74	\$19.98	\$14.98	\$13.24
Child(ren) & Employee	\$29.24	\$20.24	\$15.48	\$13.24
Family	\$45.98	\$31.48	\$24.74	\$20.98

Base Plans with Computer VisionCare Enhancement

Employer Sponsored	Premier	Deluxe	Classic	Traditional
Employee Only	\$17.98	\$12.98	\$ 9.24	\$ 8.74
Spouse & Employee	\$26.24	\$21.24	\$14.74	\$13.74
Child(ren) & Employee	\$26.48	\$22.24	\$15.24	\$14.24
Family	\$40.98	\$35.98	\$24.24	\$22.98
Voluntary				
Employee Only	\$20.74	\$14.98	\$11.98	\$10.74
Spouse & Employee	\$30.48	\$21.74	\$17.74	\$15.24
Child(ren) & Employee	\$30.98	\$22.24	\$17.74	\$15.74
Family	\$47.98	\$33.98	\$26.98	\$23.24

Base Plans with Progressive Lenses Enhancement

Employer Sponsored	Premier	Deluxe	Classic	Traditional
Employee Only	\$17.98	\$11.98	\$ 8.48	\$ 7.74
Spouse & Employee	\$27.24	\$21.24	\$14.24	\$13.24
Child(ren) & Employee	\$27.74	\$21.98	\$14.74	\$13.74
Family	\$43.98	\$37.98	\$25.48	\$23.74
Voluntary				
Employee Only	\$21.24	\$14.48	\$11.48	\$ 9.74
Spouse & Employee	\$32.24	\$22.48	\$17.24	\$14.98
Child(ren) & Employee	\$32.24	\$22.48	\$17.48	\$15.24
Family	\$52.24	\$35.48	\$27.98	\$24.24

Base Plans with Progressive Lenses & Computer VisionCare Enhancement

Employer Sponsored	Premier	Deluxe	Classic	Traditional
Employee Only	\$19.48	\$13.98	\$ 9.98	\$ 9.48
Spouse & Employee	\$28.48	\$23.74	\$15.98	\$15.48
Child(ren) & Employee	\$28.98	\$23.98	\$16.48	\$15.98
Family	\$44.98	\$39.24	\$27.24	\$26.48
Voluntary				
Employee Only	\$22.98	\$16.74	\$13.48	\$11.98
Spouse & Employee	\$33.24	\$23.98	\$18.98	\$16.98
Child(ren) & Employee	\$33.48	\$24.24	\$19.48	\$17.48
Family	\$53.24	\$37.74	\$29.98	\$26.98



Voluntary or Employer Sponsored?

Employer Sponsored Rates

For groups of **2 or more** enrolled employees, where the employer pays at least **51%** of the employees premium portion and at least **75%** participation (minimum 2) eligible employees is maintained.

Voluntary Rates

For all other groups maintaining participation of **2 or more** enrolled employees.



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