



PremierPlan

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

DeluxePlan

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

ClassicPlan

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

TraditionalPlan

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

VisionPlans
SignatureNetwork



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	

Lens

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	DeluxePlan	ClassicPlan	TraditionalPlan
Exam	Free every 12 Months	\$ 10 every 12 Months	\$ 10 every 12 Months	\$ 15 every 12 Months
Lenses	Free every 12 Months	\$ 25 every 12 Months	\$ 25 every 12 Months	\$ 25 every 12 Months
Frames	\$170 every 12 Months	\$150 every 12 Months	\$130 every 24 Months	\$120 every 24 Months
Contacts	\$150 every 12 Months	\$125 every 12 Months	\$120 every 12 Months	\$120 every 12 Months
VSP Signature				
12 Months				
Free		\$10 Co-Pay	\$10 Co-Pay	\$15 Co-Pay
\$39 Co-Pay		\$39 Co-Pay	\$39 Co-Pay	\$39 Co-Pay
12 Months				
Free		\$25	\$25	\$25
12 Months				
Free		Free after Deductible	Free after Deductible	Free after Deductible
Free		Free after Deductible	Free after Deductible	Free after Deductible
Free		Free after Deductible	Free after Deductible	Free after Deductible
\$80-\$90 Co-Pay		\$80-\$90 Co-Pay	\$80-\$90 Co-Pay	\$80-\$90 Co-Pay
\$120-\$160 Co-Pay		\$120-\$160 Co-Pay	\$120-\$160 Co-Pay	\$120-\$160 Co-Pay
40% Average Discount		40% Average Discount	40% Average Discount	40% Average Discount
40% Average Discount		40% Average Discount	40% Average Discount	40% Average Discount
40% Average Discount		40% Average Discount	40% Average Discount	40% Average Discount
Free		Free	Free	Free
Free		Free	40% Average Discount	40% Average Discount
Free		Free	Free	40% Average Discount
Free		Free	40% Average Discount	40% Average Discount
40% Average Discount		40% Average Discount	40% Average Discount	40% Average Discount
40% Average Discount		40% Average Discount	40% Average Discount	40% Average Discount
40% Average Discount		40% Average Discount	40% Average Discount	40% Average Discount
40% Average Discount		40% Average Discount	40% Average Discount	40% Average Discount
12 Months		12 Months	24 Months	24 Months
\$170 Allowance		\$150 Allowance	\$130 Allowance	\$120 Allowance
\$190 Allowance		\$170 Allowance	\$150 Allowance	\$140 Allowance
20% Discount		20% Discount	20% Discount	20% Discount
20% Discount		20% Discount	20% Discount	20% Discount
20% Discount		20% Discount	20% Discount	20% Discount
12 Months		12 Months	12 Months	12 Months
\$150 Allowance		\$125 Allowance	\$120 Allowance	\$120 Allowance
Max \$60 Co-Pay		Max \$60 Co-Pay	15% Discount	15% Discount
Free		Free	Free	Free
Discounted		Discounted	Discounted	Discounted
\$20 Co-Pay		\$20 Co-Pay	\$20 Co-Pay	\$20 Co-Pay
12 Months		12 Months	12 Months	12 Months
Up to 60% Discount		Up to 60% Discount	Up to 60% Discount	Up to 60% Discount
Free		Free	Free	Free
120 for \$39		120 for \$39	120 for \$39	120 for \$39
\$17.98		\$12.48	\$ 8.24	\$ 7.74
\$27.48		\$21.74	\$14.48	\$13.48
\$27.98		\$22.74	\$14.98	\$13.98
\$44.24		\$38.24	\$25.24	\$23.74
\$21.74		\$14.48	\$11.24	\$ 9.74
\$32.48		\$22.24	\$16.98	\$14.98
\$32.98		\$22.74	\$17.48	\$14.98
\$51.98		\$35.48	\$27.98	\$23.74



Computer VisionCare Enhancement

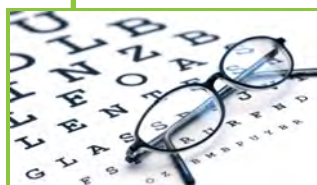
The optional Computer VisionCare enhancement can be selected alongside any of our base plans. It provides additional computer vision specific coverage for the **Employee Only**.



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 \$ 50	Exam	Up to \$ 50	Single Vision Lenses
Up to \$ 75	Bifocal Lenses (Lined or No-Line)	Up to \$ 100	Trifocal Lenses (Lined or No-Line)
Up to \$ 75	Progressive Lenses	Up to \$ 125	Lenticular Lenses
Up to \$ 70	Frames	Up to \$ 105	Contacts
Up to \$ 210	Medically Necessary Contacts		



Monthly Rates for Signature Network Plans

Base Plans

Employer Sponsored	Premier	Deluxe	Classic	Traditional
Employee Only	\$17.98	\$12.48	\$ 8.24	\$ 7.74
Spouse & Employee	\$27.48	\$21.74	\$14.48	\$13.48
Child(ren) & Employee	\$27.98	\$22.74	\$14.98	\$13.98
Family	\$44.24	\$38.24	\$25.24	\$23.74
Voluntary				
Employee Only	\$21.74	\$14.48	\$11.24	\$ 9.74
Spouse & Employee	\$32.48	\$22.24	\$16.98	\$14.98
Child(ren) & Employee	\$32.98	\$22.74	\$17.48	\$14.98
Family	\$51.98	\$35.48	\$27.98	\$23.74

Base Plans with Computer VisionCare Enhancement

Employer Sponsored	Premier	Deluxe	Classic	Traditional
Employee Only	\$20.24	\$14.48	\$10.24	\$ 9.74
Spouse & Employee	\$29.48	\$23.74	\$16.48	\$15.48
Child(ren) & Employee	\$29.98	\$24.74	\$16.98	\$15.98
Family	\$45.74	\$40.24	\$27.48	\$25.74
Voluntary				
Employee Only	\$23.24	\$16.98	\$13.48	\$11.98
Spouse & Employee	\$33.98	\$24.24	\$19.74	\$16.98
Child(ren) & Employee	\$34.98	\$24.74	\$19.74	\$17.48
Family	\$53.48	\$37.98	\$29.98	\$26.24

Base Plans with Progressive Lenses Enhancement

Employer Sponsored	Premier	Deluxe	Classic	Traditional
Employee Only	\$20.24	\$13.48	\$ 9.48	\$ 8.74
Spouse & Employee	\$30.48	\$23.74	\$15.98	\$14.98
Child(ren) & Employee	\$30.98	\$24.74	\$16.48	\$15.48
Family	\$48.98	\$42.24	\$28.48	\$26.48
Voluntary				
Employee Only	\$23.74	\$15.98	\$12.98	\$10.74
Spouse & Employee	\$35.98	\$24.74	\$19.24	\$16.48
Child(ren) & Employee	\$35.48	\$24.74	\$19.74	\$16.98
Family	\$58.24	\$39.74	\$30.98	\$26.98

Base Plans with Progressive Lenses & Computer VisionCare Enhancement

Employer Sponsored	Premier	Deluxe	Classic	Traditional
Employee Only	\$21.74	\$15.48	\$11.24	\$10.74
Spouse & Employee	\$31.98	\$26.48	\$17.98	\$17.24
Child(ren) & Employee	\$32.48	\$26.74	\$18.48	\$17.98
Family	\$50.48	\$43.74	\$30.48	\$29.74
Voluntary				
Employee Only	\$25.48	\$18.48	\$14.98	\$13.48
Spouse & Employee	\$37.24	\$26.74	\$21.24	\$18.98
Child(ren) & Employee	\$37.48	\$27.24	\$21.74	\$19.48
Family	\$59.74	\$42.24	\$32.98	\$30.24



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.



PO Box 2181, Lowell AR 72745



questions@usavision.net



www.usavision.net

