

Vision Service Plan (VSP)

Service	Frequency	Co-Payment	Allowances
Exams	Once every 12 months	None	NA
Lenses	Once every 12 months	None	NA
Frames	Once every 24 months	None ⁽¹⁾	\$120.00 retail
Elective Contact Lenses	Every 12 months	None ⁽¹⁾	\$120.00 retail ⁽²⁾
Other Elective Contacts	Every 12 months	NA	NA
Necessary Contacts	Every 12 months	None	\$120.00 retail ⁽²⁾

(1) Patient responsible for amounts in excess of retail allowance.

(2) Elective/Necessary Contact Lenses are covered in place of regular glasses. The allowance includes evaluation, fitting fee and materials.