

Two Plan Comparison

For FL, NY, OR, and WA



	STANDARD PLAN*	EASY OPTIONS PLAN*
Copay	\$15 Exam/\$25 Materials	\$15 Exam/\$25 Materials
Exam	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Frame	Every 12 months	Every 12 months
VSP® PROVIDER		
WellVision Exam®	Covered after \$15 copay	Covered after \$15 copay
Contact Lens Exam	15% savings on contact lens exam	15% savings on a contact lens exam
Lenses: Single Vision Lined Bifocal Lined Trifocal Lenticular Impact-Resistant Lenses for Dependent Children	Covered after \$25 materials copay	Covered after \$25 materials copay
Lens Enhancements	Average savings of 30% on other lens enhancements	Average savings of 30% on other lens enhancements
Anti-glare Coating	\$41 – \$85 copay	\$41 – \$85 copay
Impact-Resistant Lenses	\$35 copay	\$35 copay
Progressive Lenses (no-line bi/trifocals, ranging from standard to custom)	\$0 – \$175 copay	\$0 – \$175 copay
Light-Reactive Lenses	\$75 copay	\$75 copay
Scratch-Resistant Coating	\$17 – \$33 copay	\$17 – \$33 copay
Frames	\$150 allowance every 12 months or \$170 allowance on a featured frame brand	\$150 allowance every 12 months or \$170 allowance on a featured frame brand
Elective Contact Lenses**	\$150 allowance every 12 months	\$150 allowance every 12 months
Medically Necessary Contact Lenses	N/A	N/A
EasyOptions Upgrades Members can choose from one of the following upgrades as part of their plan coverage	N/A	An additional \$80 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or an additional \$80 contact lens allowance
NON-VSP PROVIDER (OUT-OF-NETWORK) REIMBURSEMENT AMOUNT		
Examination	Up to \$45	Up to \$45
Lenses: Single Vision Lined Bifocal Lined Trifocal Lenticular	Up to \$30 Up to \$50 Up to \$65 Up to \$100	Up to \$30 Up to \$50 Up to \$65 Up to \$100
Progressive Lenses (no-line bi/trifocals, ranging from standard to custom)	Up to \$50	Up to \$50
Frames	Up to \$70	Up to \$70
Elective Contact Lenses**	Up to \$105	Up to \$105
Medically Necessary Contact Lenses	N/A	N/A
FULLY-INSURED PROGRAM		
Member Only Member + One Member + Family	Annual Payment or Monthly Installments	Annual Payment or Monthly Installments
Contract Term	12 months	12 months
Healthy Vision Association	N/A	\$18 annual membership fee in all states except FL, NY, WA, OR
Plan Availability	Available in all states	Available in all states

*Plans have exclusions and limitations.

**Contact lenses are in lieu of spectacle lenses and frames once every 12 months.