ENHANCED

VISION COVERAGE

2024-2025 Plan Year

July 1st, 2024 through June 30th, 2025



COVERAGE DETAILS

USING VISION BENEFITS

Create an account at www.vsp.com. Once your plan is effective, review your benefit information.

Find an eye doctor who's right for you. With the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.

At your appointment, tell them you have VSP. There's no ID card.

EYE EXAM

Every 12 Months

\$10 Co-Pay for WellVision Eye Exam **\$39 Co-Pay** for Digital Retinal Scan

LENSES

Every **12** Months

Free after **Deductible** for Single Vision **Free** after **Deductible** for Lined Bi-Focals **Free** after **Deductible** for Lined Tri-Focals

Free after **Deductible** for Standard Progressives (No-Line) **\$80-\$90 Co-Pay** for Premium Progressives (No-Line) **\$120-\$160 Co-Pay** for Custom Progressives (No-Line)

40% Average Discount for High Index 40% Average Discount for Polarized 40% Average Discount for Impact-Resistant

FRAMES

Every 12 Months

\$120 Allowance or

\$140 Allowance for Featured Brand Coverage 20% Discount for Coverage After Allowance

CONTACT LENSES (Instead of Lenses and/or Frames)

Every 12 Months

\$120 Allowance

Max \$60 Co-Pay for Fitting & Evaluation Exam Free for Medically Necessary Contacts

HEARING

Every 12 Months

Up to 60% Discount for TruHearing Digital Hearing Aids

Free Online Hearing Test

120 Hearing Aid Batteries for \$39

OUT-OF-NETWORK

Up to \$150 for Eye Exam

Up to \$170 for Frames

Up to \$150 for Single Vision Lenses

Up to \$175 for Bifocal Lenses (Lined & No-Lines)

Up to \$100 for Trifocal Lenses (Lined & No-Lines)

Up to \$175 for Progressive Lenses

Up to \$125 for Lenticular Lenses

Up to \$105 for Contacts

Up to \$210 for Medically Necessary Contacts

MATERIALS

Every **12** Months **\$25** Deductible

LENS CUSTOMIZATIONS

Free Polycarbonates for Children Free Polycarbonates for Adults Free Transitional (Photochromic)

Free Tinting

40% Average **Discount** for Scratch-Resistant **40**% Average **Discount** for Anti-Reflective Coating **40**% Average **Discount** for UV Coating

40% Average Discount for Other Lens Customizations

EXTRA SAVINGS

20% Discount for Additional Glasses or Sunglasses20% Discount for Blue-Light Filtering Glasses

LASER VISION SURGERY

Discounted

ESSENTIAL MEDICAL EYE CARE SERVICES

\$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

Visit **www.vsp.com** or call **800.877.7195** for information about vision coverage and exclusive savings and promotions from VSP.

Coverage with a participating retail chain may be different. Once your benefit is effective, visit www.vsp.com for details. Based on applicable laws, benefits may vary by location. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details. VSP, VSP Vision care for life, and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan.

MONTHLY RATES

\$ **7.74** Member

\$ 7.22 Child

\$ 7.22 Children

\$ **6.80** Spouse

\$18.44 Spouse & Child

\$18.44 Spouse & Children

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Call 800.468.5744

