

# STANDARD

## VISION COVERAGE

2024-2025 Plan Year  
July 1st, 2024 through June 30th, 2025



OPEH&W Health Plan  
Making Healthy Cheaper

### COVERAGE DETAILS

#### USING VISION BENEFITS

**Create an account at [www.vsp.com](http://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 **24 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**

**15% Discount** 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

**40% Average Discount** for Polycarbonates for Adults

**40% Average Discount** for Transitional (Photochromic)

**40% Average Discount** for 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 Sunglasses

**20% 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](http://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](http://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

\$ **6.28** Member

\$ **5.82** Child

\$ **5.82** Children

\$ **5.50** Spouse

\$ **14.92** Spouse & Child

\$ **14.92** Spouse & Children

### LEARN MORE

Scan **QR CODE**

Visit **OPEHW.COM**

Call **800.468.5744**

