

As a PSEA Associate or Retiree member, you have a choice of affordable vision plans. Choose the plan that is right for you. For detailed plan information (including out-of-network coverage) please visit www.psea.info/benefits.html

VSP PLAN B (BASIC PLAN)		VSP PLAN C (BASIC PLAN)	
Your coverage when using a VSP Provider		Your coverage when using a VSP Provider	
Benefit	Copay	Benefit	Copay
WellVision Exam <ul style="list-style-type: none">Focuses on your eyes and overall wellnessEvery 12 months	\$20	WellVision Exam <ul style="list-style-type: none">Focuses on your eyes and overall wellnessEvery 12 months	\$25 for exam and glasses
Prescription Glasses	\$20	Prescription Glasses	
Frame <ul style="list-style-type: none">\$120 allowance for a wide selection of frames\$140 allowance for featured frame brands20% savings on the amount over your allowance\$65 Costco/Walmart/Sam's Club frame allowanceEvery 24 months	Included with prescription glasses	Frame <ul style="list-style-type: none">\$150 allowance for a wide selection of frames\$170 allowance for featured frame brands20% savings on the amount over your allowance\$80 Costco/Walmart/Sam's Club frame allowanceEvery 12 months	Combined with exam
Lenses <ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery 12 months	Included with prescription glasses	Lenses <ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery 12 months	Combined with exam
Lens Enhancements <ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancementsEvery 12 months	\$0 \$95-\$105 \$150-\$175	Lens Enhancements <ul style="list-style-type: none">Progressive lensesAverage savings of 30% on other lens enhancementsEvery 12 months	\$0
Diabetic Eyecare Plus Program <ul style="list-style-type: none">Retinal screening for members with diabetesAdditional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply.	\$0 \$20 per exam	Diabetic Eyecare Plus Program <ul style="list-style-type: none">Retinal screening for members with diabetesAdditional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply.	\$0 \$20 per exam
Contacts (instead of glasses) <ul style="list-style-type: none">\$120 allowance for contacts and contact lens exam (fitting and evaluation)15% savings on a contact lens exam (fitting and evaluation)Every 12 months	\$0	Contacts (instead of glasses) <ul style="list-style-type: none">\$150 allowance for contacts and contact lens exam (fitting and evaluation)15% savings on a contact lens exam (fitting and evaluation)Every 12 months	\$0
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none">Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Retinal Screening <ul style="list-style-type: none">No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam. Laser Vision Correction <ul style="list-style-type: none">Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		
Quarterly Premium			
VSP PLAN B (BASIC PLAN)		VSP PLAN C (PREMIUM PLAN)	
Member Only	\$48	Member Only	\$57
Member +1 Dependent	\$81	Member +1 Dependent	\$102
Member + 2 or More Dependents	\$120	Member + 2 or More Dependents	\$153