


Vision Plan

		
PLAN NAME	Plan B (12/12/24) \$20/\$20 Copay	
Group Number:	000000000	
Effective Date:	12/01/2016 – 11/30/2017	
Website:	www.vsp.com	
	<u>In-Network</u>	<u>Out-Network</u>
EYE EXAM		
	\$20	Up to \$50
LENSES BY TYPE		
Material	\$20	Varies
Frame Allowance	\$130	Up to \$70
Contacts Allowance (Instead of Glasses)	\$130	Up to \$105
FREQUENCY		
Eye Exam/Lenses/Frames	Every 12/12/24 months	Every 12/12/24 months