

VSP Vision Plan

Effective 4/1/2023



The City of North Platte provides a comprehensive vision plan to **ALL FULL TIME EMPLOYEES, with NO Employee Contributions**. In addition, we have a buy-up plan available for those members that realize they will want additional lens enhancements. To find a network provider, go to <https://www.vsp.com>, Find a Doctor.

Vision Options - Choice Network	City-Provided Benefits	Buy-Up Plan
	Cost to Member	
Benefit Year	Benefit (Plan) Year	
WellVision Exam	\$10 Copay Routine retinal screening covered after a maximum of \$39 Copay (no cost for members with diabetes)	
Contact Lens Fitting	15% discount with maximum Copay of \$60	
Single Vision Lenses, Lined Bifocals, Lined Trifocals, Standard Progressives, Lenticular	\$25 Copay (Copay combined for lenses and frames)	
	Additional lens discounts are not recognized at Walmart	Enhancements are recognized at Walmart
Premium Progressive	Additional \$95 - \$105 Copay	Included - No additional Copay
Custom Progressive	Additional \$150 - \$175 Copay	Included - No additional Copay
UV Protection	Additional \$16 Copay	Included - No additional Copay
Standard Tints and Dyes (Pink I & II)	No Additional Copay	
Scratch-Resistant Coating	Additional \$17 Copay	Included - No additional Copay
Photo Chromatic Lenses	Additional \$75 Copay	
Polycarbonate	Additional \$31 Copay single-focus / Additional \$35 Copay multi-focus Children - No additional cost	
Anti-Reflective Coating	Additional \$41 Copay	Included - No additional Copay
Frames	Up to \$150 Allowance, then 20% discount on any amount exceeding Allowance. Additional \$20 allowance toward featured frames (bebe, Lacoste, Calvin Klein, Cole Haan, etc.) Not available at Walmart	
Additional Glasses	20% Discount on prescription glasses or non-prescription sunglasses 30% discount if purchased same day as eye exam	
Elective Contact Lenses Instead of Lenses & Frames	\$0 Copay Up to \$150 allowance	
Necessary Contact Lenses Instead of Lenses & Frames	Covered in Full after \$25 Copay	
Frequency Eye Exam / Lenses / Frames	Once every 12 months	
Annual Benefits	Choose either Contacts <u>OR</u> Frames and Lenses each 12 months	
Additional Benefits	Up to 60% discount through TruHearing (includes extended family members) LightCare: Non-prescription blue light filtering glasses or Non-Prescription Sunglasses Mobile App Low Vison up to \$1,000 every 2 years	
Network in North Platte For other areas, log into VSP.com and search your Zip Code	Clear Focus Eyecare (Premier Program Location) Complete Eyecare Associates Eye Care Professionals Walmart (exams are limited to contracted provider) Online options for materials Maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.	
Out-of-Network	Out-of-Network is Subject to Applicable Copays and then reimbursed as follows:	
	Exam: up to \$45 / Frames: up to \$70 / Necessary Contacts: Up to \$210 / Elective Contacts: up to \$105 Single Vision: up to \$30 / Bifocal: up to \$50 / Trifocal: up to \$65 / Lenticular: up to \$100 Standard Progressives: up to \$50	
Bi-Monthly Payroll Deduction:		
EE	\$0.00	\$2.41
E+1 (SP or 1 CH)	\$0.00	\$4.82
EC	\$0.00	\$5.15
FAM	\$0.00	\$8.23
Additional Annual Benefit / Member:	N/A	\$174 - \$249

