

VISION PLAN: ADMINISTERED BY Vision Service Plan (VSP)

Eye care is a critical component of health benefits which is why the Diocese offers a Vision plan in order to provide you affordable access. You and your family are offered vision coverage through Vision Service Plan (VSP). To find a VSP provider visit www.vsp.com or call 1-800-877-7195.

Please note that dependents are covered until the end of the month in which they turn 24.

Vision Benefits	Base Plan (VSP Provider)	Enhanced Plan (VSP Provider)
Vision Exam	\$15 Co-Pay	\$15 Co-Pay
Vision Exam Frequency	Exam: 12 Months	Exam: 12 Months
Materials	\$25 Co-Pay	\$25 Co-Pay
Diabetic EyeCare	\$20 per visit	\$20 per visit
Materials Frequency: Lenses/Frames	Lenses: 12 months Frames: 24 months	Lenses: 12 months Frames: 12 months
Lenses		
Single Vision	Covered after co-pay	Covered after co-pay
Lined Bifocal	Covered after co-pay	Covered after co-pay
Lined Trifocal	Covered after co-pay	Covered after co-pay
Lenticular	Covered after co-pay	Covered after co-pay
Scratch Resistant Coating	No co-pay	No co-pay
Progressive Lenses	Single – N/A Multifocal - \$55	Single – N/A Multifocal - \$50*
Polycarbonate Lenses for children	No co-pay	No co-pay
Polycarbonate Lenses for adults	Single - \$31 Multifocal - \$35	Single - \$31 Multifocal - \$35
Photochromic – Transition Lenses	Single - \$70 Multifocal - \$82	Single - \$20 Multifocal - \$20
Anti-Reflective Coating	\$41	\$41
Frames		
Frame Allowance	\$130	\$175
Contacts		
Elective Contact Lenses (in lieu of spectacles/frames every 12 months)	\$105	\$130
Medically Necessary Contact Lenses	Covered after co-pay	Covered after co-pay
Other Services		
Lasik Surgery	15% off regular or 5% off promotional price	Not covered

Additional Glasses/Contacts: 20% off unlimited pairs of prescription glasses and/or non-prescription sunglasses. Mail-in rebates savings up to \$110 on eligible Bausch+Lomb contacts and up to \$125 on eligible ACUVUE Brand contacts.

Hearing Aid Discount Program: Free membership in TruHearing Member Plus Program (\$108 value); access to national network and saving up to \$1,300 per device.

Vision Benefits	Base Plan (Non VSP Provider)	Enhanced Plan (Non VSP Provider)
Examination	\$45 Co-Pay	\$45 Co-Pay
Single Vision lenses	\$30	\$30
Bifocal Lenses	\$50	\$50
Trifocal lenses	\$65	\$65
Lenticular	\$100	\$100
Frames	\$70	\$70
Elective Contact Lenses*	\$105	\$105
Necessary Contact Lenses	\$210	\$210

* Contact lenses are in lieu of spectacle lenses and frames once every 12 months