

VISION SERVICE PLAN BENEFITS SUMMARY



1-800-877-7195

prepared for

ROCKY MOUNTAIN HEALTH CARE OPTIONS

VSP PLAN B:	<u>Participating Provider</u>	<u>Non-Participating Provider</u>
EXAMINATION - \$10.00 copayment		
• Once every 12 months from last date of service	Paid in Full	\$35.00
MATERIALS - \$10.00 copayment		
CLEAR PRESCRIPTION LENSES		
• Once every 12 months from last date of service		
○ Single Vision	Paid in Full	\$25.00
○ Bifocal	Paid in Full	\$40.00
○ Trifocal	Paid in Full	\$55.00
○ Lenticular	Paid in Full	\$80.00
FRAME		
• Once every 24 months from last date of service	\$40.00 wholesale (\$90.00 Retail Equivalent)	\$35.00
CONTACTS (in lieu of lenses and frames)		
• Once every 12 months from last date of service		
○ Medically Necessary	Paid in Full	\$210.00
○ Cosmetic/Elective	Exam + \$105.00	Exam+\$105.00

FRAMES – The VSP program covers a wide selection of quality frames. Because of the cosmetic nature of frames and the rapidly changing style, VSP has a limit on the cost of frames provided under the program. The limit is designed to cover the majority of frames currently in use. Patients who select frames that exceed the limit will pay extra. You can find out from your eye doctor when you are looking at frames which ones will be within your limit.

CONTACT LENSES (Necessary) – Vision Service Plan furnishes contact lenses when the Member Doctor secures prior approval for any of the following conditions: a) following cataract surgery; b) to correct extreme visual acuity problems that cannot be corrected with spectacle lenses; c) under certain conditions of Anisometropia and d) Keratoconus. If the request is approved, the contact lenses are fully covered, after the deductible, when services are obtained from a VSP Member Doctor.

CONTACT LENSES (Cosmetic) – Vision Service Plan furnishes cosmetic contact lenses at an allowance of \$105.00 in lieu of spectacle lenses and a frame from a participating provider.