

Vision



	DISCOUNT PLAN	VALUE PLAN	PREMIER PLAN
Annual Eye Exam	Every 12 months	Every 12 months	Every plan year
Eyeglass Lenses	Not covered	Every 12 months (single, bifocal, progressive)	Every plan year (single, bifocal, progressive, polycarbonate, photochromic)
Frames	Not covered	Every 24 months	Every plan year
In-Network Coverage Copay Annual Eye Exam Materials Laser Vision Care (Lasik)	Free Not covered Discounted services available	\$10.00 \$25.00 Discounted services available	\$10.00 \$25.00 Allowance of up to \$500 per eye
VSP Network Allowances Retail Frame Value Elective Contact Lenses	20% Discount 15% Discount	\$105.00 \$100.00	\$150.00 \$150.00
Non-Network Allowances Annual Eye Exam Single Vision Lenses Bifocal Lenses Trifocal Lenses Frame Elective Contact Lenses Laser Vision Care (Lasik)	up to \$35.00 Not covered	up to \$35.00 up to \$25.00 up to \$40.00 up to \$50.00 up to \$45.00 up to \$100.00 Not covered	up to \$35.00 up to \$25.00 up to \$40.00 up to \$50.00 up to \$45.00 up to \$100.00 Allowance of up to \$500 per eye

TIPS: VISION

For a list of in-network providers in your area, call Vision Service Plan (VSP) at (800) 821-8130 or go to www.VSP.com.

You will not be issued an ID card for the vision plan. Instead, your VSP provider will need your Banner Health employee ID number.

You can use the dollars in your Health Care Flexible Spending Account to cover your copays and out-of-pocket expenses; see the *Flexible Spending Accounts* section for more details.



NEW FOR VISION PLANS IN 2012

Vision network has changed slightly; confirm your provider is still contracted for 2012

Vision network now includes Costco and EyeMasters