

**VISION - PLAN COMPARISON**

Plan Design	Plan year 2024-25	Plan year 2024-25	Plan year 2024-25
	VSP Vision Basic <b>You Pay</b>	VSP Vision Buy-Up <b>You Pay</b>	Kaiser Vision <b>You Pay</b>
	Automatic enrollment when electing CityCore or CityHD medical plans	Voluntary election which provides a higher level of vision coverage through VSP	Automatic enrollment when electing Kaiser Medical plan
Network	Preferred Provider Network: Signature <a href="http://www.vsp.com">www.vsp.com</a>	Preferred Provider Network: Signature <a href="http://www.vsp.com">www.vsp.com</a>	Kaiser Vision Essentials <a href="http://www.kp2020.org/pacnw">www.kp2020.org/pacnw</a>
Exams	\$15 copay for a well vision exam and materials. Adult: 1 exam every 24 months Children: 1 exam every 12 months	\$15 copay for a well vision exam and materials. Adult: 1 exam every <b>12</b> months Children: 1 exam every 12 months	\$10 office visit copay. No visit limit
Eyeglass Frames	Plan covers up to \$150 toward the cost of frames, plus you get a 20% discount on costs in excess of the allowance.; does not apply at Costco Optical. \$80 equivalent frame allowance at Costco Optical. -Limited to one pair every 24 months.	Plan covers up to <b>\$170</b> toward the cost of frames, plus you get a 20% discount on costs in excess of the allowance.; does not apply at Costco Optical. <b>\$135</b> equivalent frame allowance at Costco/Walmart/Sam's Club -Limited to one pair every <b>12</b> months.	<p><b>Adults age 19 and older:</b> \$250 allowance toward cost of standard lenses and frames every 24 months. You pay any additional costs.</p> <p><b>Children under age 19:</b> no dollar maximum but limited to one pair of standard lenses and frames every 24 months.</p>
Eyeglass Lenses	Plan pays 100% of prescribed lenses (1 pair every 24 months) <ul style="list-style-type: none"> <li>• Single lenses</li> <li>• Lined bifocals</li> <li>• Lined trifocals</li> </ul> Note: Tinted or coated lenses, UV protected lenses, blended lenses, color contacts are not covered.	Plan pays 100% of prescribed lenses (1 pair every <b>12</b> months) <ul style="list-style-type: none"> <li>• Single lenses</li> <li>• Lined bifocals</li> <li>• Lined trifocals</li> <li>• Poly-carbonate lenses</li> </ul> Plus, Plan provides: <ul style="list-style-type: none"> <li>• \$50 allowance toward progressive lenses</li> <li>• \$30 allowance toward anti-reflective lenses</li> </ul>	
LightCare Benefit <i>(not available at Walmart)</i>	Not covered	\$250 frame allowance or \$135 Costco allowance to ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts. Every 12 months.	Not covered
VSP EasyOptions (Members can choose one of these upgrades)	Not covered	An additional \$80 frame allowance, or fully covered premium or custom progressive lenses, or fully covered anti-reflective coating, or an additional \$120 contact lens allowance. Every 12 months.	Not covered
Elective Contacts (Instead of glasses)	\$130 allowance for contacts, copay does not apply. Contact Lens exam (fitting and evaluation copay up to \$60) -Covered every 24 months	\$130 allowance for contacts, copay does not apply. Contact Lens exam (fitting and evaluation copay up to \$60) -Covered every <b>12</b> months	\$250 allowance for contacts. Contact Lens exam (fitting and evaluation \$30 fee). Fitting fee does not apply to children under age 19.
Medically Necessary Contacts	Covered in full after \$15 copay when VSP medically necessary criteria is met and verified by a VSP network doctor for eye conditions that would prohibit the use of glasses. -Covered every 24 months.	Covered in full after \$15 copay when VSP medically necessary criteria is met and verified by a VSP network doctor for eye conditions that would prohibit the use of glasses. -Covered every <b>12</b> months.	\$250 allowance