

VISION - PLAN COMPARISON

Plan Design	Plan year 2021-22	Plan year 2021-22	Plan year 2021-22
	VSP Vision Basic You Pay	VSP Vision Buy-Up You Pay	Kaiser Vision You Pay
	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 www.vsp.com	Preferred Provider Network: Signature www.vsp.com	Kaiser Vision Essentials www.kp2020.org/pacnw
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 12 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 \$170 toward the cost of frames, plus you get a 20% discount on costs in excess of the allowance.; does not apply at Costco Optical. \$95 equivalent frame allowance at Costco Optical. -Limited to one pair every 12 months.	<p>Adults age 19 and older: \$150 allowance toward cost of standard lenses and frames every 24 months. You pay any additional costs.</p> <p>Children under age 19: 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"> • Single lenses • Lined bifocals • Lined trifocals Note: Tinted or coated lenses, UV protected lenses, blended lenses, color contacts are not covered.	Plan pays 100% of prescribed lenses (1 pair every 12 months) <ul style="list-style-type: none"> • Single lenses • Lined bifocals • Lined trifocals • Poly-carbonate lenses Plus, Plan provides: <ul style="list-style-type: none"> • \$50 allowance toward progressive lenses • \$30 allowance toward anti-reflective lenses 	
SunCare Benefit	Not covered	Members can use their frame allowance toward non-prescription sunglasses from their VSP Provider's frame board, exhausting both their lens, frame, or elective contacts eligibility. Limited to 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 12 months	\$150 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 12 months.	No Charge