

VISION - PLAN COMPARISON - PPA

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 \$200 toward the cost of frames, plus you get a 20% discount on costs in excess of the allowance.; does not apply at Costco Optical. \$110 equivalent frame allowance at Costco Optical. -Limited to one pair every 12 months.	Adults age 19 and older: \$150 allowance toward cost of standard lenses and frames every 24 months. You pay any additional costs. Children under age 19: no dollar maximum but limited to one pair of standard lenses and frames every 24 months.
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 • Lenticular lenses Plus, Plan provides: <ul style="list-style-type: none"> • Standard Progressive lenses \$0 copay • Premium and Custom Progressive lenses \$30 copay • Anti-reflective Coating \$30 copay 	
SunCare Benefit	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 24 months.	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
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	\$200 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