

## EMI Health - VSP Choice Plus Vision Plan

	In-Network	Out-of-Network Reimbursement*
<b>Examinations</b>	Once Every 12 Months	
<b>Lenses or Contact Lenses</b>	Once Every 12 Months	
<b>Frames</b>	Once Every 24 Months	
<b>Exams</b>		
WellVision Exam	\$10 Copay	Up to \$45
Additional Exams	\$20 Copay	Not Covered
<b>Frames</b>	\$130 Retail Allowance, or \$65 at Costco, Sam's Club or Walmart	Up to \$80
<b>Lenses</b>		
Single Vision	\$25 Copay	Up to \$30
Bifocal	\$25 Copay	Up to \$50
Trifocal	\$25 Copay	Up to \$65
Lenticular Lenses	\$25 Copay	Up to \$100
<b>Lens Options</b>		
Tint: Solid / Gradient	\$15 / \$17 Copay	
UV Coating	\$16 Copay	
Standard Scratch Resistance	\$17 Copay	
Standard Anti-Reflective	\$41 Copay	Not Covered
Photochromatic	\$75 Copay	Cost at Provider's Discretion
Polycarbonate: Adults	Single Vision: \$31   Multifocal: \$35	
Polycarbonate: Children under 18	Covered 100% with Lens Copay	
Standard Progressive <i>no-line</i>	Covered 100% with Lens Copay	
Premium Progressive	\$95-\$105 Copay	Up to \$50
Custom Progressive	\$150-\$175 Copay	<i>in lieu of Lined Bifocal</i>
Other Add-Ons and Services	Up to 25% Discount	No Discount
<b>Contact Lenses</b> <i>In Lieu of Glasses Lenses</i>	\$120 Retail Allowance	Up to \$105
<b>Contact Lens Fit &amp; Follow Up</b>	15% Discount	No Discount
<b>Additional Eyewear Purchases</b>	Up to 20% Off Retail	No Discount
<b>Lasik and PRK Vision Correction</b>	Up to \$500 in Savings	No Discount

\*You pay the difference between billed and allowed charges, if any. The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by an in-network provider. To receive the maximum benefits from the plan you should always use in-network providers. To find an in-network provider, visit <https://emihealth.com/ProviderSearch>

### Vision Cost

This plan is included with the medical insurance plan