

Vision Service Plan (VSP) 2017-2018 Rates

FOR HEALTHCARE EMPLOYERS IN WA, OR, ID, AK				
Vision Plan Design				
Benefits For VSP Provider	Plan 1	Plan 2	Plan 3	*NEW* - Plan 4
Platform	Signature	Signature	Signature	Choice
Copoly				
Exam			\$25	
Materials			\$25	
Combined (Exam + Materials)	\$20	\$20		\$20
Frequency of Benefits				
Exam	1 x each 12 months	1x each 24 months	1x each 24 months	1x each 12 months
Lenses	1 x each 12 months	1x each 24 months	1x each 24 months	1x each 12 months
Frames	1x each 24 months	1x each 24 months	1x each 24 months	1x each 12 months
Contacts (instead of glasses)	1 x each 12 months	1x each 24 months	1x each 24 months	1x each 12 months
Benefit Allowances				
Retail Frame Allowance	\$160.00	\$160.00	\$160.00	\$160.00
Contact Lens Allowance	\$130.00	\$130.00	\$130.00	\$130.00
Rates*				
Employee	\$11.53	\$9.06	\$5.86	\$12.15
Employee + Spouse	\$19.79	\$15.62	\$9.30	\$20.86
Employee + Child(ren)	\$15.19	\$11.73	\$9.47	\$16.00
Employee + Family	\$23.47	\$18.27	\$15.20	\$24.74

Notes:

*Includes 4% broker commission and WHIT administrative fee.

Employer contribution of at least 75% of the employee-only premium is required.

For groups of 10 or more employees.