

Vision Service Plan (VSP) 2019-2020 Rates

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

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.