



University  
of Idaho

## 2020 Vision Plan (VSP) At-a-Glance

SERVICE	VSP PROVIDER (IN-NETWORK)	NON-VSP PROVIDER (OUT-OF-NETWORK)
Eye Exam—annual	\$10 deductible: Plan pays 100%	\$10 deductible: Plan reimburses up to \$52
Eyeglass lenses (once every 12 months)	\$25 deductible <sup>1</sup> : Plan pays 100%	\$25 deductible <sup>1</sup> Plan reimburses up to:
Single vision		\$55
Bifocal		\$75
Trifocal		\$95
Lenticular		\$125
Progressive	\$60 - \$119 deductible: Plan pays 100%	Not covered
Eyeglass frames (once every 2 years)	\$25 deductible <sup>1</sup> : Plan pays up to \$120	\$25 deductible <sup>1</sup> : Plan reimburses up to \$45
Contact lenses (once every 12 months)	Plan pays up to \$120 for contacts and fitting exam	Plan reimburses up to \$105 for contacts and fitting exam

<sup>1</sup> Deductible applies to a complete pair of glasses or frames, whichever you choose.

### 2020 Employees' Per-Pay Contributions for Vision Coverage

COVERAGE LEVEL	VSP VISION SERVICES
Employee only	\$0.00
Employee + spouse or other eligible adult	\$0.00
Employee + child	\$0.00
Employee + children	\$0.00
Employee + family (spouse or other eligible adult + children)	\$0.00