Inshore Benefits Trust

Vision Service Plans

Effective January 1, 2022 through December 31, 2022

Benefit Comparison and Rates for Individuals and Families

	VSP CHOICE VISION PLANS			VSP SIGNATURE VISION PLANS
	PLAN A | $15 / $30 12/24/24	**PLAN B | $10 / $20 12/12/24**	**PLAN C | $10 / $20 12/12/12**	**PLAN C | $25 12/12/12**
Benefit Frequency				
Exam	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Lenses	Every 24 months	Every 12 months	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months	Every 12 months	Every 12 months
Copays	Exam: $15 Materials: $30	Exam: $10 Materials: $20	Exam: $10 Materials: $20	Exam and Materials: $25
Lenses and Frames				
Network	**IN NETWORK**	**IN NETWORK**	**IN NETWORK**	**IN NETWORK**
Exam	100%	100%	100%	100%
Single, Bifocals, Trifocals, Lenticular	100%	100%	100%	100%
Frames	$180 allowance[3] ($100 allowance at Walmart®/ Sam's Club®/Costco®)	$180 allowance[3] ($100 allowance at Walmart®/ Sam's Club®/Costco®)	$180 allowance[3] ($100 allowance at Walmart®/ Sam's Club®/Costco®)	$180 allowance[3] ($100 allowance at Walmart®/ Sam's Club®/Costco®)
Contact Lenses (In lieu of frames and lenses)[2,3]				
Network	**IN NETWORK**	**IN NETWORK**	**IN NETWORK**	**IN NETWORK**
Elective	Contact lens exam (fitting & evaluation): Up to $60 copay	Contact lens exam (fitting & evaluation): Up to $60 copay	Contact lens exam (fitting & evaluation): Up to $60 copay	Contact lens exam (fitting & evaluation): Up to $60 copay
	$180 allowance[3]	$180 allowance[3]	$180 allowance[3]	$180 allowance[3]
Medically Necessary	100%	100%	100%	100%
Voluntary Vision Rates - $5 monthly administration fee applies to all individuals				
Subscriber Only	$8.55	$11.12	$13.28	15.57
Subscriber +1 or Subscriber +Child(ren)	$13.34	$49.42	$23.75	$28.33
Family	$20.87	$29.54	$36.50	$43.87

[1] If the member chooses to have services provided by a non-participating (out of network) provider, the member must file a claim and the claim will be processed based on the reimbursement amount only.
[2] The member will have a $60 copay for the contact lens exam (fitting & evaluation) when elective contact lenses are chosen in lieu of frames and lenses.
[3] Extra discounts and savings of up to 20-25% on glasses, up to 15% on contacts, and between 5-15% off laser vision correction are available from your VSP provider. Please review the plan summary for details.

VSP plans are available to groups headquartered in any of the following states: CA, CO, GA, IA, IL, IN, KS, MI, MN, MO, NC, NJ, NV, OH, OK, SC, TN, TX, AND WV.
The group's employees can live in any state, excluding FL.

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