

Inshore Benefits

Employer Sponsored Vision Service Plans

Effective January 1, 2023*



Benefit Comparison and Rates for 3-500 Employees

*Rates are subject to change. Check with Inshore Benefits for the most current benefits and rates for your requested effective date.

VSP CHOICE VISION PLANS					VSP SIGNATURE VISION PLANS				
PLAN A \$0 12/24/24 #0080	PLAN B \$0 12/12/24 #0081	PLAN B \$10/25 12/12/24 #0093	PLAN C \$10/\$25 12/12/12 #0094	EASYOPTIONS¹ + LIGHTCARE² PLAN C \$10/\$25 12/12/12 #0095	PLAN B \$10 12/12/24 #0001	PLAN B \$10/\$25 12/12/24 #0090	PLAN C \$10 12/12/12 #0068	PLAN C \$10/\$25 12/12/12 #0091	PLAN C \$25 12/12/12 #0069

Benefit Frequency										
Exam	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	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	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months	Every 24 months	Every 12 months	Every 12 months	Every 24 months	Every 24 months	Every 12 months	Every 12 months	Every 12 months
Copays	Exam and Materials: \$0	Exam and Materials: \$0	Exam: \$10 Materials: \$25	Exam: \$10 Materials: \$25	Exam: \$10 Materials: \$25	Exam and Materials: \$10	Exam: \$10 Materials: \$25	Exam and Materials: \$10	Exam: \$10 Materials: \$25	Exam and Materials: \$25
Lenses and Frames (after applicable copay)										
Network	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
Exam	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered
Single	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered
Bifocals										
Trifocals										
Lenticular										
Frames	\$160 allowance (\$90) Walmart®/ Sam's Club®/ Costco®	\$160 allowance (\$90) Walmart®/ Sam's Club®/ Costco®	\$160 allowance (\$90) Walmart®/ Sam's Club®/ Costco®	\$160 allowance (\$90) Walmart®/ Sam's Club®/ Costco®	\$160 allowance (\$90) Walmart®/ Sam's Club®/ Costco®	\$160 allowance (\$90) Walmart®/ Sam's Club®/ Costco®	\$160 allowance (\$90) Walmart®/ Sam's Club®/ Costco®	\$160 allowance (\$90) Walmart®/ Sam's Club®/ Costco®	\$160 allowance (\$90) Walmart®/ Sam's Club®/ Costco®	\$160 allowance (\$90) Walmart®/ Sam's Club®/ Costco®

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Contact Lenses (in lieu of frames and lenses) ^{2,3}			
Network	IN NETWORK	IN NETWORK	IN NETWORK
Elective	Contact lens exam (fitting & evaluation): Up to \$60 copay / \$130 allowance	Contact lens exam (fitting & evaluation): Up to \$60 copay / \$160 allowance	Contact lens exam (fitting & evaluation): Up to \$60 copay / \$130 allowance
Medically Necessary	Up to 100%	Up to 100%	Up to 100%

Employer Sponsored Vision Rates — A \$15 monthly administration fee applies to all groups.										
Employee Only	\$7.93	\$11.12	\$9.30	\$11.29	\$11.43	\$13.75	\$10.63	\$16.79	\$13.03	\$13.27
Employee +1 OR Employee +Child(ren)	\$13.03	\$16.92	\$15.89	\$19.89	\$20.33	\$20.68	\$18.56	\$25.24	\$23.36	\$20.19
Family	\$20.97	\$27.28	\$23.94	\$30.37	\$31.20	\$33.32	\$28.25	\$40.65	\$35.96	\$32.50

The employer must choose one of the following participation options:

1. VSP participation and contribution matches employer-sponsored medical plan participation exactly **OR**
2. VSP participation and contribution matches employer-sponsored dental plan participation exactly **OR**
3. VSP participation is 100% employer paid and all eligible employees and all eligible dependents are enrolled **OR**
4. VSP participation is 100% employer paid and all eligible employees and no dependents are enrolled

VSP plans are available to employers and employees in all states, excluding FL.

The summary above is meant to be a brief description of plan benefits and rates only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Either of these is available upon request. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.

¹VSP EASYOPTIONS+ (Members can choose one of these upgrades): An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$100 contact lens allowance. See Member Benefits Summary for details.

²\$260 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts. See Member Benefits Summary for more details.