

Inshore Benefits

Vision Service Plans

Effective January 1, 2023*



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

Benefit Comparison and Rates for Individuals and Families

	VSP CHOICE VISION PLANS				VSP SIGNATURE VISION PLANS
	PLAN A \$15/\$30 12/24/24 #0009	PLAN B \$15/\$30 12/12/24 #0026	PLAN C \$10/\$20 12/12/12 #0027	EASYOPTIONS ⁴ + LIGHTCARE ⁵ PLAN C \$10/\$25 12/12/12 #0030	PLAN C \$25 12/12/12 #0029
Benefit Frequency					
Exam	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
Frames	Every 24 months	Every 24 months	Every 12 months	Every 12 months	Every 12 months
Copays	Exam: \$15 Materials: \$30	Exam: \$10 Materials: \$20	Exam: \$10 Materials: \$20	Exam: \$10 Materials: \$25	Exam and Materials: \$25
Lenses and Frames					
Network	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
Exam	100%	100%	100%	100%	100%
Single	100%	100%	100%	100%	100%
Bifocals					
Trifocals					
Lenticular					
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®)	\$160 allowance ³ (\$90 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	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	Contact lens exam (fitting & evaluation): Up to \$60 copay
	\$180 allowance ³	\$180 allowance ³	\$180 allowance ³	\$160 allowance ³	\$180 allowance ³
Medically Necessary	100%	100%	100%	100%	100%
Voluntary Vision Rates - \$5 monthly administration fee applies to all individuals					
Subscriber Only	\$8.55	\$11.12	\$13.28	\$13.60	15.57
Subscriber +1 or Subscriber +Child(ren)	\$13.34	\$19.42	\$23.75	\$24.69	\$28.33
Family	\$20.87	\$29.54	\$36.50	\$38.22	\$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.

⁴ VSP 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.

⁵ \$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.

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.