

**UNIVERSITY OF MICHIGAN HEALTH** and **VSP** provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.



**Provider Network:** VSP Choice

Effective Date: 01/01/2025	BRONZE	SILVER	GOLD
	<b>Choice Plan</b>	<b>Choice Plan</b>	<b>Choice Plan</b>
<b>Frequencies</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan C</b>
Examination	Every calendar year	Every calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year	Every calendar year
Frame	Every other calendar year	Every calendar year	Every calendar year
<b>Copays</b>	\$10 Exam / \$25 Materials	\$0 Exam / \$25 Materials	\$0 Exam / \$25 Materials
<b>Benefits with a VSP® Network Provider</b>			
Comprehensive Eye Examination	Covered in Full after copay	Covered in Full after copay	Covered in Full after copay
Contact Lens Examination	No more than a \$60 copay	No more than a \$60 copay	No more than a \$60 copay
Essential Medical Eye Care	\$20 copay	\$20 copay	\$20 copay
<b>Lenses</b>			
Single Vision	Covered in Full after copay	Covered in Full after copay	Covered in Full after copay
Bifocal	Covered in Full after copay	Covered in Full after copay	Covered in Full after copay
Trifocal	Covered in Full after copay	Covered in Full after copay	Covered in Full after copay
Lenticular	Covered in Full after copay	Covered in Full after copay	Covered in Full after copay
<b>Allowances<sup>+</sup></b>			
Retail Frame Allowance	\$130	\$150	\$200
Featured Frame Brand Allowance	\$150	\$170	\$220
Walmart/Sam's Club Frame Allowance	\$130	\$150	\$200
Costco Frame Allowance	\$130	\$150	\$200
Elective Contact Lenses	\$130	\$150	\$200
Necessary Contact Lenses	Covered in Full after copay	Covered in Full after copay	Covered in Full after copay
<b>LightCare<sup>+</sup></b> - ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses	\$130 allowance (in lieu of prescription glasses or contacts)	\$150 allowance (in lieu of prescription glasses or contacts)	\$200 allowance (in lieu of prescription glasses or contacts)
<b>Lens Enhancement Out-of-pocket Cost</b>			
Anti-Reflective Coating	\$41 - \$85	\$41 - \$85	\$25
Polycarbonate Lenses - Adults	\$35	\$35	\$35
Polycarbonate Lenses - Children	Covered in Full	Covered in Full	Covered in Full
Standard Progressive Lenses	Covered in Full	Covered in Full	Covered in Full
Custom/Premium Progressive Lenses	\$95 - \$175	\$50	\$25
Light Reactive Lenses	\$75	Covered in Full	Covered in Full
Tinted Lenses	\$15 - \$17	Covered in Full	Covered in Full
UV Coating	\$10 - \$16	\$10 - \$16	\$10 - \$16
Scratch Resistant Coating	\$17 - \$33	Covered in Full	Covered in Full

<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
	<b>Routine Retinal Screening</b> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	<b>Laser Vision Correction</b> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

**YOUR COVERAGE GOES FURTHER IN-NETWORK**

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://vsp.com) to find an in-network provider.

+Coverage with a retail chain may be different or not apply.  
VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.  
To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).