

NBA BENEFIT PLANS

Vision Comparison Grid

Effective date: January 1, 2023



	Option 1		Option 2	
	VSP Choice Network + Affiliates	Out-of-Network	VSP Choice Network + Affiliates	Out-of-Network
Deductibles	\$10 exam \$25 eye glass lenses or frames*	\$10 exam \$25 eye glass lenses or frames*	\$20 exam \$0 eye glass lenses or frames*	\$20 exam \$0 eye glass lenses or frames
Annual Eye Exam	Covered in full	Up to \$45	Covered in full	Up to \$45
Retinal Imaging Lenses (per pair)	\$39	NA	\$39	NA
<ul style="list-style-type: none"> • Single Vison • Bifocal • Trifocal • Lenticular • Progressive 	Covered in full Covered in full Covered in full Covered in full See lens options	Up to \$30 Up to \$50 Up to \$65 Up to \$100 NA	Covered in full Covered in full Covered in full Covered in full See lens options	Up to \$30 Up to \$50 Up to \$65 Up to \$100 NA
Contacts				
<ul style="list-style-type: none"> • Fit & Follow-Up Exams • Elective • Medically Necessary 	Member cost up to \$60 Up to \$120 Covered in full	No benefit Up to \$105 Up to \$210	Member cost up to \$60 Up to \$70 Covered in full	No benefit Up to \$50 Up to \$210
Frame Allowance	\$120**	Up to \$70	\$70**	Up to \$35
Frequencies (months)	12/12/24	12/12/24	12/12/24	12/12/24
<ul style="list-style-type: none"> • Exam/Lens/Frame 	Based on date of service	Based on date of service	Based on date of service	Based on date of service

*Deductible applies to a completed pair of glasses or to frames, whichever is selected.

**The Costco and Walmart allowance will be the wholesale equivalent.

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