



Vision Benefit - Copay Overview

**A brief reference guide of the Teachers Health Trust
Performance Plus Plan for quick and easy answers
when you need them.**

Vision Benefit- Copayment Overview

A brief reference guide for the Teachers Health Trust Vision Benefits

There is only one vision plan. If you enroll your dependents, vision is automatically included. Benefits are administered through Vision Service Plan (VSP) and include:

Vision Examination - Once every calendar year **Lenses** - Once every calendar year (*only if needed*) **Frames** - Once every other calendar year

WellVision Exam	<ul style="list-style-type: none"> • \$20 copayment • Every calendar year • Focuses on your eyes and overall wellness
Prescription Glasses Frame	<ul style="list-style-type: none"> • Every other calendar year • \$130 allowance for wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance
Lenses	<ul style="list-style-type: none"> • Every calendar year • Single vision, lined bifocal and lined trifocal lenses • Polycarbonate lenses for dependent children
Lens Enhancements Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	<ul style="list-style-type: none"> • Copayments \$55/\$95-\$105/\$150-\$175 • Every calendar year
Contacts (Instead of Glasses)	<ul style="list-style-type: none"> • Every calendar year • \$120 allowance for contacts and contact lens exam (fitting & evaluation) • 15% savings on 20-25% on other lens exam (fitting & evaluation)
Primary Eyecare	As needed; Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.

Vision Benefit- Copayment Overview (continued...)

A brief reference guide for the Teachers Health Trust Vision Benefits

- If services are obtained from a VSP provider, the out-of-pocket expense you will incur will be a \$20 copayment per person per exam as well as any expense in excess of the plan's eligible medical expense (EME) amount for glasses or contacts. You may obtain the plan's eligible medical expense (EME) amounts by registering online at vsp.com.
- If you choose, you may obtain either contact lenses or one set of eyeglass lenses per calendar year. If you obtain contact lenses, this utilizes all benefits for that year and the frame benefits for the following year.
- For contact lenses that are not medically necessary (i.e., glasses will correct the problem), VSP will pay for a standard eye exam (after the \$20 copay) and \$120 toward the cost of materials and/or fitting.

The vision benefit will not cover:

- Tinting
- Hi-Index Lenses
- UV Protection
- Progressive/Blended Bifocals
- Scratch Coating
- Polarized Lenses