

**Fire Districts Association of CA - EBA**

**VSP - Vision PPO Plans**

	FDAC - EBA		FDAC - EBA		FDAC - EBA		FDAC - EBA	
Carrier Name:	VSP		VSP		VSP		VSP	
Plan Name:	Plan 1		Plan 2		Plan 3		Plan 4	
General Plan Information	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance
<b>Copay</b>								
Well-Vision Examination	\$0	Up to \$50	\$10	Up to \$50	\$0	Up to \$50	\$10	Up to \$50
Materials	\$0	Up to \$50	\$10	Up to \$50	\$0	Up to \$50	\$10	Up to \$50
<b>Benefit Frequency</b>								
Examination	12 Months		12 Months		12 Months		12 Months	
Lenses	24 Months		24 Months		12 Months		12 Months	
Contacts	24 Months		24 Months		12 Months		12 Months	
Frames	24 Months		24 Months		24 Months		24 Months	
Covered Services	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance
<b>Lenses</b>								
Single Vision Lens	Covered in full	Up to \$50	Combined with Exam	Up to \$50	Covered in full	Up to \$50	Combined with Exam	Up to \$50
Bifocal Lens	Covered in full	Up to \$75	Combined with Exam	Up to \$75	Covered in full	Up to \$75	Combined with Exam	Up to \$75
Trifocal Lens	Covered in full	Up to \$100	Combined with Exam	Up to \$100	Covered in full	Up to \$100	Combined with Exam	Up to \$100
Standard Progressive	\$0	Included in above Allowance Amount	\$0	Included in above Allowance Amount	\$0	Included in above Allowance Amount	\$0	Included in above Allowance Amount
<b>Contact Lenses</b>								
Fit-and-Follow-Up	Up to \$60	Not Covered	Up to \$60	Not Covered	Up to \$60	Not Covered	Up to \$60	Not Covered
Medically Necessary	\$0	Up to \$210	\$0	Up to \$210	\$0	Up to \$210	\$0	Up to \$210
Elective	\$120 allowance	Up to \$105	\$120 allowance	Up to \$105	\$120 allowance	Up to \$105	\$120 allowance	Up to \$105
<b>Frames</b>	\$130 allowance	Up to \$70	\$130 allowance	Up to \$70	\$130 allowance	Up to \$70	\$130 allowance	Up to \$70

*Keenan*

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**VSP - Vision PPO Plans**

	FDAC - EBA		FDAC - EBA		FDAC - EBA		FDAC - EBA	
Carrier Name:	VSP		VSP		VSP		VSP	
Plan Name:	Plan 5		Plan 6		Plan 7		Plan 8	
General Plan Information	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance
<b>Copay</b>								
Well-Vision Examination	\$20	Up to \$50	\$0	Up to \$50	\$10	Up to \$50	\$20	Up to \$50
Materials	\$20	Up to \$50	\$0	Up to \$50	\$10	Up to \$50	\$20	Up to \$50
<b>Benefit Frequency</b>								
Examination	12 Months		12 Months		12 Months		12 Months	
Lenses	12 Months		12 Months		12 Months		12 Months	
Contacts	12 Months		12 Months		12 Months		12 Months	
Frames	24 Months		12 Months		12 Months		12 Months	
Covered Services	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance
<b>Lenses</b>								
Single Vision Lens	Combined with Exam	Up to \$50	Covered in full	Up to \$50	Combined with Exam	Up to \$50	Combined with Exam	Up to \$50
Bifocal Lens	Combined with Exam	Up to \$75	Covered in full	Up to \$75	Combined with Exam	Up to \$75	Combined with Exam	Up to \$75
Trifocal Lens	Combined with Exam	Up to \$100	Covered in full	Up to \$100	Combined with Exam	Up to \$100	Combined with Exam	Up to \$100
Standard Progressive	\$0	Included in above Allowance Amount	\$0	Included in above Allowance Amount	\$0	Included in above Allowance Amount	\$0	Included in above Allowance Amount
<b>Contact Lenses</b>								
Fit-and-Follow-Up	Up to \$60	Not Covered	Up to \$60	Not Covered	Up to \$60	Not Covered	Up to \$60	Not Covered
Medically Necessary	\$0	Up to \$210	\$0	Up to \$210	\$0	Up to \$210	\$0	Up to \$210
Elective	\$120 allowance	Up to \$105	\$120 allowance	Up to \$105	\$120 allowance	Up to \$105	\$120 allowance	Up to \$105
<b>Frames</b>	\$130 allowance	Up to \$70	\$130 allowance	Up to \$70	\$130 allowance	Up to \$70	\$130 allowance	Up to \$70

*Keenan*