Fire Risk Management Services (FRMS) VSP - Vision PPO Plan Examples

	FRMS FRMS		MS	FRMS			
Carrier Name:	V	VSP		VSP		VSP	
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	
Сорау							
Well-Vision Examination	\$0	Up to \$50	\$10	Up to \$50	\$0	Up to \$50	
Materials	\$0	Up to \$50	\$10	Up to \$50	\$0	Up to \$50	
Benefit Frequency							
Examination	12 M	onths	12 Months		12 Months		
Lenses	24 M	onths	24 Months		12 Months		
Contacts	24 M	onths	24 Months		12 Months		
Frames	24 M	onths	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	
Lenses							
Single Vision Lens	Covered in full	Up to \$50	Combined with Exam	Up to \$50	Covered in full	Up to \$50	
Bifocal Lens	Covered in full	Up to \$75	Combined with Exam	Up to \$75	Covered in full	Up to \$75	
Trifocal Lens	Covered in full	Up to \$100	Combined with Exam	Up to \$100	Covered in full	Up to \$100	
Standard Progressive	\$0	Included in above Allowance	\$0	Included in above Allowance	\$0	Included in above Allowance	
Contact Lenses							
Fit-and-Follow-Up	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	
Elective	\$120 allowance	Up to \$105	\$120 allowance	Up to \$105	\$120 allowance	Up to \$105	
Frames	\$130 allowance	Up to \$70	\$130 allowance	Up to \$70	\$130 allowance	Up to \$70	

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FRMS		FR	FRMS		FRMS		
Carrier Name:	V	VSP		VSP		VSP	
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	
Сорау							
Well-Vision Examination	\$10	Up to \$50	\$20	Up to \$50	\$0	Up to \$50	
Materials	\$10	Up to \$50	\$20	Up to \$50	\$0	Up to \$50	
Benefit Frequency							
Examination	12 M	onths	12 Months		12 Months		
Lenses	12 M	onths	12 Months		12 Months		
Contacts	12 M	onths	12 Months		12 Months		
Frames	24 M	24 Months 24 Mont		onths	s 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	
Lenses							
Single Vision Lens	Combined with Exam	Up to \$50	Combined with Exam	Up to \$50	Covered in full	Up to \$50	
Bifocal Lens	Combined with Exam	Up to \$75	Combined with Exam	Up to \$75	Covered in full	Up to \$75	
Trifocal Lens	Combined with Exam	Up to \$100	Combined with Exam	Up to \$100	Covered in full	Up to \$100	
Standard Progressive	\$0	Included in above Allowance	\$0	Included in above Allowance	\$0	Included in above Allowance	
Contact Lenses							
Fit-and-Follow-Up	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	
Elective	\$120 allowance	Up to \$105	\$120 allowance	Up to \$105	\$120 allowance	Up to \$105	
Frames	\$130 allowance	Up to \$70	\$130 allowance	Up to \$70	\$130 allowance	Up to \$70	

Fire Risk Management Services (FRMS) VSP - Vision PPO Plan Examples

F	RMS	FRMS VSP			
	/SP				
VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance		
\$10	Up to \$50	\$20	Up to \$50		
\$10	Up to \$50	\$20	Up to \$50		
12 1	Months	12 M	onths		
12 M	12 Months		12 Months		
12 1	12 Months		lonths		
12 1	12 Months		Ionths		
VSP In-Network Provider	Non-VSP Provider Allowance	VSP In-Network Provider	Non-VSP Provider Allowance		
Combined with Exam	Up to \$50	Combined with Exam	Up to \$50		
Combined with Exam	Up to \$75	Combined with Exam	Up to \$75		
Combined with Exam	Up to \$100	Combined with Exam	Up to \$100		
\$0	Included in above Allowance	\$0	Included in above Allowance		
Up to \$60	Not Covered	Up to \$60	Not Covered		
\$0	Up to \$210	\$0	Up to \$210		
\$120 allowance	Up to \$105	\$120 allowance	Up to \$105		
\$130 allowance	Up to \$70	\$130 allowance	Up to \$70		
	VSP In-Network Provider \$10 \$10 \$10 12 N 12 N 12 N 12 N VSP In-Network Provider Combined with Exam Combined with Exam Combined with Exam Combined with Exam \$0 Up to \$60 \$0 \$120 allowance	\$10 Up to \$50 \$10 Up to \$50 \$10 Up to \$50 12 Months 12 Months 12 Months 12 Months 12 Months 12 Months VSP In-Network Provider Allowance Combined with Exam Up to \$50 Combined with Exam Up to \$75 Combined with Exam Up to \$100 Included in above Allowance Up to \$60 Not Covered \$0 Up to \$210 \$120 allowance Up to \$105	VSP In-Network Non-VSP Provider Allowance VSP In-Network Provider Allowance VSP In-Network Provider \$10		