

Fire Risk Management Services (FRMS)

VSP - Vision PPO Plan Examples

Carrier Name:	FRMS		FRMS		FRMS	
	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
Copay						
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 Months		12 Months		12 Months	
Lenses	24 Months		24 Months		12 Months	
Contacts	24 Months		24 Months		12 Months	
Frames	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
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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