

Seymour Community Schools

Benefits overview¹

Exam/lens/frame frequency (months)	12/12/24
Contacts (instead of glasses) frequency (months)	12

In-network coverage

Exam copay	\$0
Materials copay (lenses and/or frame)	\$0
Single vision, lined bifocal, lined trifocal or lenticular lenses	Covered in full after copay
Frames allowance	\$130
Elective contact lenses allowance	\$130
Necessary contact lenses	Covered in full after copay
Contact lens fit and evaluation copay	up to \$60

DeltaVision®
ASO Custom 130

Out-of-network allowances

Exam	Up to \$45
Single vision lenses	Up to \$30
Bifocal lenses	Up to \$50
Trifocal lenses	Up to \$65
Progressive lenses	Up to \$50
Lenticular lenses	Up to \$100
Frames	Up to \$70
Elective contact lenses	Up to \$105
Necessary contact lenses	Up to \$210

Most popular lens enhancements (member cost)²

Lens enhancements are available at the following flat rates, saving members 30% on average.

	Single	Multifocal
Standard anti-reflective coating	\$41	\$41
Premium anti-reflective coating	\$68	\$68
Custom anti-reflective coating	\$85	\$85
Polycarbonate lenses (adult)	\$35	\$35
Polycarbonate lenses (child)	Covered	Covered
Standard progressive lenses	N/A	Covered
Premium progressive lenses	N/A	\$95 or \$150
Custom progressive lenses	N/A	\$150 or \$175
Photochromic lenses	\$75	\$75
Scratch resistant coating	\$17	\$17

Additional savings³

Frames discount over allowance	An extra \$20 allowance on Featured Framed Brands for frames.
Additional pair	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP network provider within 12 months of exam.
LASIK	Average 15% off the regular price. Discounts only available from contracted facilities.
Retinal imaging	Routine retinal screening covered after a maximum copay of \$39.
Essential Medical Eye Care	Retinal imaging for members with diabetes covered-in-full. Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details.
Low vision	Pre-approved low-vision supplemental testing covered every two years. 75% coverage for approved low-vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years.
Eyeconic®	Go to eyeconic.com for an easy-to-use, convenient online eyewear option that integrates with your in-network benefits.
TruHearing	Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. ⁴

