

This information gives a high-level summary only.

2019 PEBB Vision Plans Summary Comparison

	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
VSP Basic	\$8.91	\$17.82	\$15.15	\$24.06
VSP Plus	\$13.38	\$26.73	\$22.73	\$36.10
Kaiser	The full-time Kaiser HMO and Kaiser Deductible medical plans include coverage for vision exams and hardware.			



Vision Services Plan (VSP) Basic Plan

Benefit	Description	Copay	Frequency
Well vision exam	Focuses on your eyes and overall wellness	\$10	Each calendar year
Prescription glasses		\$25	See Frames, and Lenses
Frames	<ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance • \$80 allowance at Costco 	Included in prescription glasses	Each calendar year
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	Included in prescription glasses	Each calendar year
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings on other lens enhancements 	\$0 \$80–\$90 \$120–\$160 35%–40%	Each calendar year Each calendar year Each calendar year Each calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$200 allowance for contacts and lenses • Contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) 	Up to \$60	Each calendar year

VSP Plus Plan (includes Basic Plan coverage)

Benefit	Description	Copay	Frequency
Frames	<ul style="list-style-type: none"> • \$225 allowance for a wide selection of frames • \$245 allowance for featured frame brands • 20% savings on the amount over your allowance • \$125 allowance at Costco 	Included in prescription glasses	Each calendar year
Lenses	Anti-reflective coatings and premium & custom progressive lenses Standard progressive lenses	Each covered in full after \$20 copay \$0	Each calendar year

Please note, Kaiser Permanente Vision Benefits are included in the Medical coverage and can be found on the Medical Summary Comparison