



## Vision Plan [Click here to download the brochure](#)

The full-time Kaiser HMO and Kaiser Deductible medical plans include coverage of routine vision services. If you enroll in another medical plan, including a part-time plan or Opt Out, you may (but are not required to) enroll in vision coverage provided by VSP [www.vsp.com/signon.html](http://www.vsp.com/signon.html). You may enroll yourself, your spouse or partner, and dependents individually or in any combination.

You pay a share of premium if you enroll in the VSP Basic Plan. Your premium share is the same percentage rate as your medical coverage percentage; for Opt Out, the premium share is 5%.

New for 2017, VSP offers the Plus plan, with better coverage for frames, coatings and progressive lenses. For this plan, you pay the employee premium share for the Basic plan plus the difference in premium cost between the Basic and Plus plans.

### 2017 Employee Vision Plan Monthly Premium Rates

	Employee	Employee & Spouse/Partner	Employee & Child(ren)	Employee & Family
Basic Plan	\$10.72	\$17.69	\$15.01	\$21.44
Plus Plan	\$16.09	\$26.53	\$22.52	\$32.16

### VSP Basic Plan

Benefits	Description	Copay	Frequency
<b>Well Vision Exam</b>	Focuses on your eyes and overall wellness	\$10	Every calendar year
<b>Perscription Glasses</b>		\$25	See frames and lenses
<b>Frames</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 allowance at Costco</li> </ul>	Included in prescription glasses	Every calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in prescription glasses	Every calendar year
<b>Lens Enhancements</b>	Standard progressive lenses	\$50	Every calendar year
	Premium progressive lenses	\$80 - \$90	
	Custom progressive lenses	\$120 - \$160	
	Average savings of 35-40% on other lens enhancements		
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every calendar year

### VSP Plus Plan (includes coverage in Basic Plan)

Benefits	Description	Copay	Frequency
<b>Frames</b>	<ul style="list-style-type: none"> <li>\$245 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$125 allowance at Costco</li> </ul>	Included in prescription glasses	Every calendar year
<b>Lenses</b>	Anti-reflective Coatings and Progressive Lenses	Each covered in full after \$20 copay	Every calendar year

*This is a summary only. See the plan's documents for details. In the case of a discrepancy, the plan document will apply.*