

ASCIP Vision Service Plan (VSP) Offerings



Member Districts can choose to offer any of the vision plans shown below with either the VSP Signature or Choice Networks. The Choice Plan is designed to reduce vision plan premiums by using a focused network (93% the size of the Signature network), and by reducing discounts on vision “extras” like high index and polarized lenses, tints, additional pairs of glasses, etc.

	Plan A	Plan B	Plan C
Covered vision care services received from in-network providers are paid as shown below. Covered vision care services received from out-of-network providers are paid at the same frequency as shown below, but with lower benefit maximums.			
General Benefits			
Copay for Exam and/or Prescription Glasses ¹			
<i>Option 1</i>	\$10	\$10	\$10
<i>Option 2</i>	\$15	\$15	\$15
<i>Option 3</i>	\$25	\$25	\$25
Vision Exam	Once every 12 months	Once every 12 months	Once every 12 months
Glasses			
Lenses	Once every 12 months	Once every 12 months	Once every 24 months
Frames Allowance	\$150 every 12 months	\$150 every 24 months	\$150 every 24 months
Contact Lenses			
	Once every 12 months up to \$150 in lieu of frames and lenses	Once every 12 months up to \$150 in lieu of frames and lenses	Once every 24 months up to \$150 in lieu of frames and lenses

¹ Participants who receive an exam and lenses/frames during a single visit are charged a single copay.

The chart above only provides highlights of the benefits offered by ASCIP and are subject to change to be in conformance with benefit provisions required under health care reform legislation (ACA). If there are inconsistencies between this chart and the official plan documents, the plan documents will govern. ASCIP may modify, amend or terminate any of the benefit plans at any time, with or without notice. This chart does not serve as a contract.