

## Vision Benefits

ALVMA offers vision coverage to you through VSP. Receive the maximum benefits and pay less out-of-pocket by visiting an in-network provider. The network includes provider access points nationwide. A comprehensive vision exam is available every 12 months and you may purchase eyewear in the form of an eyeglass frame and lenses, or contact lenses.

Class Description	In-Network	Out-of-Network
<b>Eye Examination</b> Comprehensive exam of visual functions and prescriptions of corrective eye wear	<b>\$10 Copay</b>	<b>\$45 Allowance</b>
<b>Contact Lens Evaluation and Fitting</b> Elective Medically Necessary	Up to \$60 Copay \$130 Allowance Covered in Full	Not Covered \$105 Allowance \$210 Allowance
<b>Material / Eye Wear</b> Single Vision Eyeglass Lenses Lined Bifocal Eyeglass Lenses Lined Trifocal Eyeglass Lenses Lenticular Eyeglass Lenses	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	\$30 Allowance \$50 Allowance \$60 Allowance \$100 Allowance
<b>Frame Allowance</b> Standard Frame	\$130 Allowance Covered + 20% Off Balance	\$70 Allowance
<b>Lens Upgrade</b> Poly Carbonate (single vision / multi-vision) Anti-Reflective (single vision / multi-vision) Scratch Resistant (single vision / multi-vision) Transitions / Photo-chromatic (single vision / multi-vision)	\$31 / \$35 \$41 / \$41 \$17 / \$17 \$75 / \$75	Not Covered Not Covered Not Covered \$70 Allowance
<b>Progressive Lens</b> Standard Multi-Vision Premium Multi-Vision Custom Multi-Vision	No-Copay \$95-\$105 \$105-\$175	Not Covered
<b>LightCare</b>	Blue-Light Glasses - Covered In Full	Blue-Light Glasses - Covered in Full

## Monthly Vision Premiums

Coverage Tier	Rate
Employee Only	\$11.35
Employee + Spouse	\$16.37
Employee + Child(ren)	\$16.65
Family	\$25.00