

Vision Benefits

Overview

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
Eye Examination Comprehensive exam of visual functions and prescriptions of corrective eye wear	\$10 Copay
Contact Lens Evaluation and Fitting Elective Medically Necessary	Up to \$60 Copay Covered in full
Material / Eye Wear Single Vision Eyeglass Lenses Lined Bifocal Eyeglass Lenses Lined Trifocal Eyeglass Lenses Lenticular Eyeglass Lenses	\$15 Copay \$15 Copay \$15 Copay \$15 Copay
Frame Allowance Standard Frame	\$130 Allowance Covered + 20% Off Balance
Standard Progressive Lenses	Covered in full
Lens Enhancements	All lens enhancements are covered with a copay, saving an average of 30%

Monthly Vision Premiums

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