Corporate (801)262-7475
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EMIHealth.com

EMI HEALTH™

**Group:** Alpine School District
**Plan:** Vision
**Effective Date:** 09/01/2026
**Plan Type:** Voluntary

**VSP Basic Choice**
**Access Indemnity Schedule**

| | In-Network | Out-of-Network |
|---|---|---|
| **Network** | VSP Choice | N/A |
| | In-Network benefits not applicable at Costco, Sam's, Walmart or at retail affiliates. Members may access these locations OON. | |
| **Well Vision Exam** | Up to $32 | Up to $32 |
| **Lenses (Glass or Plastic)** | | |
| Single Vision | Up to $25 | Up to $25 |
| Lined Bifocal | Up to $38 | Up to $38 |
| Lined Trifocal | Up to $50 | Up to $50 |
| Lined Lenticular | Up to $105 | Up to $105 |
| **Lens Options** | | |
| Progressive (standard no-line) | 20% Discount | Up to $38 (In lieu of Lined Bifocal reimbursement) |
| Premium Progressive Options | 20% Discount | |
| Custom Progressive Options | 20% Discount | |
| Plastic Gradient Dye | 20% Discount | N/A |
| Solid Plastic Dye | 20% Discount | |
| Photochromic Lenses | 20% Discount | |
| Polycarbonate for Adults | 20% Discount | |
| Polycarbonate for Children (under 18) | 20% Discount | |
| **Coatings** | | |
| Scratch Resistant Coating | 20% Discount | N/A |
| Anti-Reflective Coating | 20% Discount | |
| UV Protection | 20% Discount | |
| **Frames** | | |
| Allowance Based on Retail Pricing | Up to $42 (plus 20% discount frame) | Up to $42 |
| Additional Pairs of Glasses** | Up to 20% Off Retail | N/A |
| **Elective Contact Lenses In Lieu of Frame & Lenses** | | |
| | $150 Allowance towards contact lens fitting and evaluation services and contacts 15% discount on fitting and evaluation services, excluding materials | $150 Allowance |
| **Frequency** | | |
| Exam, Lenses, Frame or Contacts | Exam every 12 months, Lenses and Frames or Contacts every 24 months | |
| **Refractive Surgery** | | |
| LASIK*** | Yes | N/A |

| **Monthly Rates** | **Voluntary** |
|---|---|
| Employee | $3.60 |
| Two Party | $6.90 |
| Family | $11.20 |

**Notes**

This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.

** 20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.

*** Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3

Underwritten by: Educators Mutual Insurance Association