



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

VSP Enhanced Choice

	In-Network	Out-of-Network
Network	VSP Choice	N/A
Well Vision Exam	Covered 100%	Up to \$45
Lenses (Glass or Plastic)		
Single Vision	Covered 100%	Up to \$30
Lined Bifocal	Covered 100%	Up to \$50
Lined Trifocal	Covered 100%	Up to \$65
Lens Options ¹		
Progressive (standard no-line)	\$0 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)
Premium Progressive Options	\$95-\$105 Co-pay, then covered 100%	
Custom Progressive Options	\$150-\$175 Co-pay, then covered 100%	
Plastic Gradient Dye	\$17 Co-pay, then covered 100%	
Solid Plastic Dye	\$15 Co-pay, then covered 100%	
Photochromic Lenses	\$75 Co-pay, then covered 100%	N/A
Polycarbonate for Adults	\$31 Co-pay Single Vision, then covered 100% \$35 Co-Pay Multifocal, then covered 100%	
Polycarbonate for Children (under 18)	Covered 100%	
Coatings ¹		
Scratch Resistant Coating	\$17 Co-pay, then covered 100%	N/A
Anti-Reflective Coating	\$41 Co-pay, then covered 100%	
UV Protection	\$16 Co-pay, then covered 100%	
Additional lens enhancements	20-25% Discount ***	
Frames		
Allowance Based on Retail Pricing	\$65 Allowance at any VSP doctor plus 20% off any frame overage . \$35 Allowance at Costco, Sam's and Walmart ***	Up to \$50
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
Elective Contact Lenses In Lieu of Frame & Lenses		
	\$100 Allowance towards contact lens fitting and evaluation fee and contact lens. 15% discount off of contact lens fitting and evaluation fee, excluding materials ***	Up to \$85
Frequency		
Exam, Lenses, Frame or Contacts	Exam Every 12 months. Lenses/Frame or Contacts every 24 months	
Refractive Surgery		
LASIK***	Average 15% off or 5% off promotional offer	N/A
Monthly Rates	Voluntary	
Employee	\$5.10	
Two Party	\$10.20	
Family	\$16.40	
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		

***No additional discounts from Costco, Walmart or Sam's providers

¹Lens options and coatings coverages are not applicable at Costco, Walmart and Sam's Club

Underwritten by: Educators Mutual Insurance Association