

## **VSP-3 Plus**

<b>Professional Fees</b>	Panel Provider	Non-Panel Provider
Vision Examination		
Optometrist	Covered in full	Limited to \$35
Ophthalmologist	Covered in full	Limited to \$45
Frames	Covered up to \$80 retail	Covered up to \$66 retail
Spectacle Lenses (pair)		•
Single Vision	Covered in full	Limited to \$38
Bifocal	Covered in full	Limited to \$60
Trifocal	Covered in full	Limited to \$72
Lenticular	Covered in full	Limited to \$108
Lenses with Extras		
(Photochromics Sun or		
Gradient, Tints	1. 조용 구세 활성 프랑스 , 조모, 상이다	
Tinted/Color coated)		
Single Vision	Covered in full	Limited to \$42
Bifocal	Covered in full	Limited to \$70
Trifocal	Covered in full	Limited to \$84
Lenticular	Covered in full	Limited to \$118
Polaroid		
Single Vision	Covered in full	Limited to \$56
Bifocal	Covered in full	Limited to \$90
Trifocal	Covered in full	Limited to \$110
Lenticular	Covered in full	Limited to \$138
Oversize		
Rimless	Covered in full	Included in lens
Progressive lenses		allowance shown above
Contact Lenses (pair,		
including the exam)	COLUMN TO THE STREET	
Necessary	Covered in full	Limited to \$200
Cosmetic	Covered in full	Limited to \$150
Disposable lenses	Limited to \$200	