STANDARD
VISION COVERAGE

EYE EXAM
Once Every **12** Months
$**10 Co-Pay** for WellVision Eye Exam
$**39 Co-Pay** for Digital Retinal Scan

MATERIALS
Once Every **12** Months
$**25 Deductible**

LENSES
Once Every **12** Months
Free After **Deductible** for Single Vision
Free After **Deductible** for Lined Bi-Focals
Free After **Deductible** for Lined Tri-Focals
Free After **Deductible** for Standard Progressives (No-Lines)
$**80**-$**90 Co-Pay** for Premium Progressives (No-Lines)
$**120**-$**160 Co-Pay** for Custom Progressives (No-Lines)
40% Average **Discount** for High Index Lenses
40% Average **Discount** for Polarized Lenses
40% Average **Discount** for Impact-Resistant Lenses

LENS CUSTOMIZATIONS
Free for Polycarbonates for Children
40% Average **Discount** for Polycarbonates for Adults
40% Average **Discount** for Transitional (Photochromic)
40% Average **Discount** for Tinting
40% Average **Discount** for Scratch-Resistant Coating
40% Average **Discount** for Anti-Reflective Coating
40% Average **Discount** for UV Coating
40% Average **Discount** for Other Lens Customizations

FRAMES
Once Every **24** Months
$**120 Allowance** or
$**140 Allowance** for Featured Brands
20% **Discount** for Coverage After Allowance

VSP VISION

MONTHLY RATES
$ **6.28** Member
$ **5.82** Child
$ **5.82** Children
$ **5.50** Spouse
$**14.92** Spouse & Child
$**14.92** Spouse & Children

LEARN MORE
Scan **QR Code** or
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the OPEH&W App

2025-2026 PLAN YEAR
JULY 1, 2025 TO **JUNE 30, 2026**

OPEH&W HealthPlan
Making Healthy Cheaper

EXTRA SAVINGS
20% **Discount** for Additional Pair of Glasses
20% **Discount** for Additional Pair of Sunglasses
20% **Discount** for Blue-Light Filtering Glasses

CONTACT LENSES (Instead of Lenses and/or Frames)
Once Every **12** Months
$**120 Allowance**
Free After **Deductible** for Medically Necessary Contacts
15% **Discount** for Fitting & Evaluation Exam

LASER VISION SURGERY
Discounted

ESSENTIAL MEDICAL EYE CARE
$**20 Co-Pay**

HEARING
Once Every **12** Months
Up to **60**% **Discount** for TruHearing Digital Hearing Aids
Free Online Hearing Test
$**39** for **120** Hearing Aid Batteries

OUT-OF-NETWORK COVERAGE
Up to $**150** Reimbursement for Eye Exam
Up to $**170** Reimbursement for Frames
Up to $**150** Reimbursement for Single Vision Lenses
Up to $**175** Reimbursement for Bifocal Lenses
Up to $**100** Reimbursement for Trifocal Lenses
Up to $**175** Reimbursement for Progressive Lenses
Up to $**125** Reimbursement for Lenticular Lenses
Up to $**105** Reimbursement for Contacts
Up to $**210** Reimbursement for Medically Necessary Contacts

Visit **www.vsp.com** or call **800.877.7195** for information about vision coverage and exclusive savings and promotions from VSP.