

Benefits for 2017 - 2018

Vision Coverage



Summary of Coverage

Shoshone County VSP Vision		
Plan Features	In-Network	Out-of-Network
Vision Exam	\$0 Copay	\$45 Copay
Lenses		
Single		
Bifocal		
Trifocal		
Progressive		
Frames		Carrier Pays Up to \$150
Elective Contact Lenses		
Medically Necessary Contact Lenses		Covered in Lieu of Eyeglasses, Up to \$150
Frequency (Months)		
Exam		Every 12 Months
Lenses		Every 12 Months
Frames		Every 12 Months
Contacts		Every 12 Months