



# MY HR PROS Pro Benefits



## VISION

Vision Plan	Per Month
Employee Only	\$10.34
Employee Spouse	\$16.48
Employee Child	\$17.30
Family	\$28.96

<b>Your Vision Plan</b>	Full-Feature - Designer	
<b>Your Network is</b>	<b>VSP</b>	
<b>Copay</b>		
Exams Copay	\$10	
Materials Copay ( <i>waived for elective contact lenses</i> )	\$25	
<b>Sample of Covered Services</b>	<i>You pay (after copay if applicable):</i>	
	<b><i>In-network</i></b>	<b><i>Out-of-network</i></b>
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$150	Amount over \$46
Contact Lenses ( <i>Elective and conventional</i> )	85% of amount over \$150	Amount over \$100
Contact Lenses ( <i>Medically Necessary</i> )	\$0	Amount over \$210
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses ( <i>Additional pair of frames and lenses</i> )	20% off retail price	No discounts
Laser Correction Surgery Discount	Up to 15% off usual charge or 5% off promotional price	No discounts
<b>Service Frequencies</b>		
Exams	Every calendar year	
Lenses ( <i>for glasses or contact lenses</i> )	Every calendar year	
Frames	Every two calendar years	
Network discounts ( <i>glasses and contact lens professional service</i> )	Limitless within 12 months of exam	
<b>Dependent Age Limits</b>	26	