



Current Program 3-1-2019	Renewal Program 3-1-2020
Vision Plan Summary	VSP Vision Care Plan
Calendar Year Deductible	In Network
Exam with Dilation	\$20
Lenses	\$20 Copay
Single	100% after \$20 Copay
Bifocal	100% after \$20 Copay
Trifocal	100% after \$20 Copay
Contact Lensus	
Elective (conventional and disposable)	\$130 Allowance
Medically Necessary	100%
Frequency	
Examination	Once every 12 months
Lenses or contact lenses	Once every 12 months
Frame	Once every 12 months
Employee:	\$14.62 \$292.40
Employee + Spouse:	\$31.44 \$408.72
Employee + Child(ren):	\$31.44 \$157.20
Family:	\$31.44 \$440.16
Total Monthly:	\$1,248.56
Total Annually:	\$15,581.76
Annual Difference:	\$599.04
Percent Difference:	4.00%
City of Plano Pays 100% of Employee Only coverage. Employee pays the difference if adding spouse and/or dependants	
4 Year Rated Guarantee (2024)	