

Vision Coverage

SHA employees have two vision plans, offered by the City of Seattle through Vision Service Plan (VSP): The Basic plan is fully paid by SHA and the employee pays the cost for vision Buy-Up plan. You will be enrolled in the basic plan if you fail to enroll in a medical plan within 30 days of your hire/promotion date. If you use a VSP provider, the provider will submit the claim on your behalf. If you use a non-VSP provider, you will need to submit a manual claim for reimbursement.

Vision Plan	Monthly Premium Amount	Employee's Monthly Premium Contribution	
		Coverage for Employee with or without children	Coverage for Employee with Spouse/Domestic Partner with or without children
VSP Basic Plan	\$9.47	\$0	\$0
VSP Buy-Up Plan	\$19.85	\$10.38	\$10.38

Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 01/01/2019

CITY OF SEATTLE - MOST CITY EMPLOYEES and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Basic Plan			VSP Provider Network: VSP Choice			Buy-up Plan			VSP Provider Network: VSP Choice		
Benefit	Description	Copay	Benefit	Description	Copay	Benefit	Description	Copay	Benefit	Description	Copay
Your Coverage with a VSP Provider											
WellVision Exam	Focuses on your eyes and overall wellness Every calendar year	\$10	WellVision Exam	Focuses on your eyes and overall wellness Every calendar year	\$10	Prescription Glasses	Up to \$100 allowance at Costco Every other calendar year	\$25	Prescription Glasses	Up to \$100 allowance at Costco Every calendar year	\$25
Prescription Glasses	\$25		Frame	\$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance Up to \$100 allowance at Costco Every other calendar year	Included in Prescription Glasses	Frame	\$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance Up to \$100 allowance at Costco Every calendar year	Included in Prescription Glasses	Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year	Included in Prescription Glasses
Frame	\$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance Up to \$100 allowance at Costco Every other calendar year		Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year	Included in Prescription Glasses	Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year	\$55 \$95 - \$105 \$150 - \$175	Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year	\$55 \$95 - \$105 \$150 - \$175
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year		Contacts (instead of glasses)	\$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60	Contacts (instead of glasses)	\$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60	Easy Options	You and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses or contacts; an additional \$75 frame allowance, or an additional \$25 contact lens allowance or fully covered anti-reflective coating, or fully covered progressive lenses, or fully covered photochromic adaptive lenses. Every calendar year	
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year		Premium Plan Options	You and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses or contacts; an additional \$75 frame allowance, or an additional \$25 contact lens allowance or fully covered anti-reflective coating, or fully covered progressive lenses, or fully covered photochromic adaptive lenses. Every calendar year		Premium Plan Options	Included in Prescription Glasses				
Contacts (instead of glasses)	\$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year										