

Newport School District
2018-19 School Year



Your VSP vision plan provides coverage for eye exams, and either frames and lenses or contact lenses.

Employees who work at least 20 hours per week have family coverage.

		VSP Signature	Out of Network
Exam		\$25	
Materials		\$25	
EXAMS (after applicable co-pays)			
		Paid in Full	\$34
MATERIALS (after applicable co-pays)			
Eyeglass Lenses (pair) – Once every calendar year	Single	Paid in Full	\$38
	Bifocal	Paid in Full	\$70
	Trifocal	Paid in Full	\$76
	Lenticular	Paid in Full	\$157
Progressive	Standard	Paid in Full (All Types)	\$105 (All Types)
	Premium		
	Custom		
Lens Enhancements (tinting and coating, oversized lenses, high index, polycarbonate, photochromic, polarized, and UV protection)		Paid in full	N/C
Frames	Frequency	Once every 2 calendar years	
	Allowance	\$130	\$45
Contact Lenses	Frequency	Once every calendar year	
	Allowance	\$160	
	Fitting and Evaluation	Included in Allowance	

Vision Plan E Monthly premium \$20.59