

Vision Service Plan (VSP) 2023-2024 Rates

FOR HEALTHCARE EMPLOYERS IN WA, OR, ID, AK				
Signature Network				
	Enhanced Plan *NEW*	Plan 1	Plan 2	Plan 3
Copay				
Exam				\$25
Materials				\$25
Combined (Exam + Materials)	\$20	\$20	\$20	
Frequency & Benefits				
Exam	1 x each 12 months	1 x each 12 months	1x each 24 months	1x each 24 months
Lenses	1 x each 12 months	1 x each 12 months	1x each 24 months	1x each 24 months
Frames	1 x each 12 months	1x each 24 months	1x each 24 months	1x each 24 months
Contacts (instead of glasses)	1 x each 12 months	1 x each 12 months	1x each 24 months	1x each 24 months
Progressives	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Anti-Reflective	Covered in Full	-	-	-
Benefit Allowances				
Retail Frame Allowance	\$200	\$160	\$160	\$160
Contact Lens Allowance	\$150	\$130	\$130	\$130
Rates*				
Employee	\$13.27	\$9.14	\$7.20	\$4.74
Employee + Spouse	\$21.25	\$15.72	\$12.46	\$7.57
Employee + Child(ren)	\$21.59	\$12.09	\$9.38	\$7.65
Employee + Family	\$34.77	\$18.64	\$14.56	\$12.23

Notes:

*Includes 4% broker commission and WHIT administrative fee.

Employer contribution of at least 75% of the employee-only premium is required.

For groups of 10 or more employees.

Plan 2 & 3 are closed for new entrance, no new employers may elect for the 2023 or 2024 plan year.