



**Employee Benefits Vision Renewal Effective Date: 02/01/2023
City of Canton**

| Plan Summary | | VSP | |
|-----------------------------|---|---|----------------------------|
| | | Network | Non-Network |
| <u>Copayments</u> | Exam | \$10 copay then Routine covered 100%/Retinal no more than a \$39 copay | Up to a \$45 reimbursement |
| | Materials | | \$25 copay |
| <u>Frequency</u> | Exam | 12 Months | |
| | Lenses | 12 Months | |
| | Frames | 24 Months | |
| | Contacts Lenses (In lieu of frames & lenses) | 12 Months | |
| <u>Benefits after copay</u> | Eye Exam | covered after copay | Up to \$30 |
| | Single Vision Lenses | covered after copay | Up to \$30 |
| | Bifocal Lenses | covered after copay | Up to \$50 |
| | Trifocal Lenses | covered after copay | Up to \$65 |
| | Lenticular Lenses | covered after copay | Up to \$100 |
| | Frames | \$130 allowance; 20% off balance covered/\$60 copay max \$130 allowance | Up to \$70 |
| | Contacts, medically necessary | | Up to \$210 |
| | Contacts (In lieu of frames & lenses) | | Up to \$105 |