



**Comparison between
Railroad Employees National Vision Plan – VSP Value Plan
and the VSP Standard Plan**

	RAILROAD NATIONAL EMPLOYEES VISION PLAN – VSP VALUE PLAN	VSP STANDARD PLAN
In-Network Eye Exams	Covered in full every 12 months.	Covered in full every 12 months.
In-Network Spectacle Lenses	Necessary lenses up to 55 mm are paid in full, including single vision, bifocal, trifocal or other more complex lenses necessary for the patient's visual welfare.	Necessary lenses up to 60 mm are paid in full, including single vision, bifocal, trifocal or other more complex lenses necessary for the patient's visual welfare.
In-Network Frames	The plan provides a \$75 retail allowance. Frame overages are based on usual and customary prices.	The plan provides a \$115 retail frame allowance. Frame overages are cost controlled by VSP and set at two times the difference in wholesale cost.
In-Network Elective Contact Lenses	The plan provides an allowance of \$105 toward contact lenses and fittings in lieu of spectacle lenses.	The plan provides an allowance of \$105 toward contact lenses and fittings in lieu of spectacle lenses. The participating doctor offers a 15% discount off professional services for contact lenses.
In-Network Necessary Contact Lenses	Covered in full with prior authorization.	Covered in full with prior authorization.
In-Network Cosmetic Lens Options	VSP cost-controls the most commonly selected cosmetic lens options including oversized, photochromic, tinted (except Pink #1 and #2), progressive J and K (CR-39 plastic and glass only), progressive flat top, ultraviolet coating, anti-reflective coating, and scratch coating. The remaining cosmetic options are available at usual and customary prices.	VSP cost-controls additional cosmetic options, including high index (glass or plastic), polycarbonate lenses, polarized/laminated lenses, blended bifocals, all progressive lenses, plastic dyes (solid and gradient), glass tints, glass color coatings (solid and gradient), photochromic (glass A, B, Autumn Gold and plastic), anti-reflective coating, mirror (solid and single gradient), scratch resistant coating, ski type coating, edge polish, edge coating, painted groove, faceted lenses, and ultraviolet protection.
Discounts on Additional Materials*	None.	20% discount off complete pairs of prescription glasses; included non-covered lens options. 15% discount off cost of contact lens exam (evaluation and fitting) Preferred member pricing, direct delivery and manufacturer incentives on annual supplies of select contact lenses.
Low Vision Benefit	No low vision benefit.	VSP will cover 75% of the costs associated with low vision services and materials, up to \$1,000 every two years. Services include all supplemental testing and treatment planning.
Participating Doctor Network	<i>Select Network:</i> Approximately 12,000 providers in 15,200 locations nationwide.	<i>Standard Network:</i> Approximately 18,700 providers in 22,800 locations nationwide.

* Plan discounts are available for twelve months following the covered eye examination from the participating doctor who last provided the covered eye examination.