

2020 SDAPP Member Plan Comparison

Vision Plan Pricing

Tier	VSP High Plan (Gold)	VSP Low Plan (Silver)
Employee Only	\$4.75	\$2.08
Employee and Spouse	\$9.51	\$4.16
Employee and Children	\$10.17	\$4.45
Family	\$16.26	\$7.12

Vision Plan Details

Detail	VSP High Plan (Gold)	VSP Low Plan (Silver)
Lenses	Single vision, lined bifocal, and lined trifocal lenses included in Prescription Glasses; Poly carbonate Lenses - \$10; Poly carbonate Lenses for dependent children - \$0; Allowed once per calendar year.	Single vision, lined bifocal, and lined trifocal lenses included in Prescription Glasses; Poly carbonate Lenses - \$15; Poly carbonate Lenses for dependent children - \$0; Allowed once per calendar year.
Lens Enhancements	Standard progressive lenses - \$25; Premium progressive lenses - \$95, custom progressive lenses - \$150-175; Tints and Scratch - \$0. Allowed once per calendar year.	Standard progressive lenses - \$55; Premium progressive lenses - \$95-\$105, custom progressive lenses - \$150-175; Tints and Scratch - \$0. Allowed once per calendar year.
Prescription Glasses	\$10 Copay	\$25 Copay
Diabetic Eyecare Plus Program	\$20 copay; Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20 copay; Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.
WellVision Exam	\$10 Copay	\$20 Copay
Frame	\$200 allowance for a wide selection of frames; \$220 allowance for featured frames; and 20% savings on the	\$150 allowance for a wide selection of frames; \$170 allowance for featured frames; and 20% savings on the amount over your allowance. \$80 Costco® frame allowance. Allowed once per calendar year.

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	amount over your allowance. Allowed once per calendar year.	
Contacts (instead of glasses)	\$10 copay; \$200 allowance for contacts; copay does not apply; 15% savings on a contact lense exam (fitting and evaluation). Allowed once per calendar year.	\$25 copay; \$150 allowance for contacts; copay does not apply; 15% savings on a contact lense exam (fitting and evaluation). Allowed once per calendar year