

VSP Renewal Rates For: Olathe Public Schools - VSP Group #12240761
Effective January 1, 2023 through December 31, 2025



	Current Signature Plan		Renewal Signature Plan -SOLD	
	VSP Provider	Open Access Amount	VSP Provider	Open Access Amount
Exams				
Exam	\$10 Copay	Up to \$50	\$10 Copay	Up to \$50
Contact Lens Fitting and Evaluation	Up to \$60	N/A	Up to \$60	N/A
Frequency:	Every 12 months		Every 12 months	
Lenses				
Single Vision Lenses	\$25 Copay	Up to \$50	\$25 Copay	Up to \$50
Lined Bifocal Lenses	\$25 Copay	Up to \$75	\$25 Copay	Up to \$75
Lined Trifocal Lenses	\$25 Copay	Up to \$100	\$25 Copay	Up to \$100
Lined Lenticular Lenses	\$25 Copay	Up to \$125	\$25 Copay	Up to \$125
Frequency:	Every 12 months		Every 12 months	
Frames: Up to plan allowance, then 20% off overage, In-network.				
Retail Frame Allowance:	\$150 Allowance	Up to \$70	\$175 Allowance	Up to \$70
Featured Frame Retail allowance (Marchon & Altair Only)	\$200 Allowance	N/A	\$225 Allowance	N/A
Frequency:	Every 24 months		Every 24 months	
Contact Lenses: In lieu of eyeglass benefit,				
Elective Contact Lenses (ECL)	\$150 Allowance	Up to \$105	\$150	Up to \$105
Medically Necessary (NCL)-Prior Auth	\$25 Copay	Up to \$210	\$25 Copay	Up to \$210
Frequency:	Every 12 months		Every 12 months	
Lens Enhancements				
	Fixed Discounted Copays		Fixed Discounted Copays	
Standard Progressives	Covered	N/A	Covered	N/A
Other Add-Ons & Services	35-40% avg savings	N/A	35-40% avg savings	N/A
Fully- Insured Monthly Rates				
Employee Only	\$12.00		\$11.87	
Employee + Spouse	\$20.00		\$19.80	
Employee + Children	\$20.00		\$19.80	
Employee + Family	\$34.00		\$33.65	
ELIGIBILITY CRITERIA			NOTES	
Child/Student Age Verification:	Domestic Partner Coverage:		1. All renewal options include VSP's Essential Medical Eyecare	
Age limits managed by eligibility file and not enforced by VSP	N/A			