



San Antonio Police Officers and Firefighters Benefit Trust



Vision Plan Comparison: Current Plan versus New Ameritas / VSP Plan effective 6/1/2018

		Plan until May 31, 2018	Plan after June 1, 2018
Vision Plan Name		Boone Chapman	Ameritas / VSP
		Plan Payment towards Retail Costs	Member Payment towards Discounted Costs
Eye Exam		100% up to \$65	\$0
Lenses			
	Single	100% up to \$90	\$0
	Bifocal	100% up to \$110	\$0
	Trifocal	100% up to \$140	\$0
	Progressive	100% up to \$180	Standard \$55 Premium \$95-\$105 Custom \$150-\$175
Frames		100% up to \$90	Any Amount Over \$130 Allowance, 20% off balance over \$130
Contact Lenses			
	Elective Contacts	80% up to \$139	Any Amount Over \$130 Allowance
	Medically Necessary Contacts	80% up to \$375	Paid in Full
Lasik Surgery		Up to \$250 (per eye)	Any Amount Over \$250 Allowance (per eye)
Service Frequencies			
	Exam	Once in a calendar year	Once in a calendar year
	Contacts	Once in a calendar year	Once in a calendar year
	Frames	Once every two calendar years	Once in a calendar year

Progressive Lens Claim Example:		
Eye Exam (Retail Cost \$88)	\$23.00	\$0.00
Metal Frames (Retail \$130)	\$40.00	\$0.00
Custom Progressive Lens (Retail \$375)	\$195.00	\$150.00
Out of Pocket Cost on Day of Service:	\$258.00	\$150.00