

Summary Chart for 2020 Vision Plan Benefits



USAA offers you and your eligible dependents Vision coverage. Healthy eyes are a critical part of you and your family member's health and well-being. Yearly eye exams, not only help prevent and address vision needs, they also play an important role in detecting other health conditions. We encourage you to review the complete details on vision coverage in the Summary Plan Description available at MyLife > Library/Summary Plan Descriptions.

Description of Services	Vision Plan – VSP
Annual vision limits	<p>In-Network - \$20 co-pay; limited to 1 routine exam, pair lenses, frame/plan year or contact lenses every plan year; either glasses/contacts not both same year; benefits based on plan year begin Jan; check w/Plan for allowances.</p> <p>Out-of-Network - Pay in full & submit for limited reimbursement; \$20 co-pay; one routine eye exam, one pair of lenses, and one frame every plan year; or contact lenses once every plan year.</p>
Other information about vision care benefits	<p>In-Network - Select a VSP doctor from website or call member services; inform the doctor you have VSP coverage when you make the appointment and provide ID number</p> <p>Out-of-Network - Obtain claim form from website or call member services; submit the itemized receipt with form; must be sent within six months from the date of service</p>
Plan description	USAA sponsors Vision Service Plan as a benefit opt for Employees of participating Employers and their dependents to provide routine vision care.
Laser surgery	<p>In-Network - Must use VSP contracted laser center facility; disc vary by location; 15% discount off laser center U&C price; or 5% disc off advertised price if less than usual disc; see VSP provider for referral</p> <p>Out-of-Network - No discount if not using a participating provider</p>
Routine vision exams	<p>In-Network - 100% covered; after \$20 exam co-pay</p> <p>Out-of-Network - Up to \$50 reimbursement; after \$20 co-pay</p>
Vision Plan – VSP – Contact Lenses	
Medically necessary contact lenses	<p>In-Network - 100% covered; once every plan year; \$20 co-pay exam, fitting, & follow-up due to cataract surgery, visual acuity problem, laser surgery, anisometropia or keratoconus; preauthorization required from VSP</p> <p>Out-of-Network - Up to \$210 reimbursement after \$20 co-pay</p>
Elective contact lenses	<p>In-Network - \$200 allowance; applies to the cost of the contacts and contact lens exam (fitting and evaluation); 15% discount off cost of contact lens exam; limited to once every plan year.</p> <p>Out-of-Network - Up to \$140 reimbursement</p>

Please Note: This information merely summaries key Plan features and does not supersede any terms of the Legal Plan Documents, which govern in the case of any inconsistencies. Please refer to the applicable Summary Plan Descriptions for more information.

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Vision Plan – VSP – Frames and Lenses	
Frame benefits	<p>In-Network - Covered up to \$200 allowance; after \$20 exam co-pay; limited to one frame every plan year</p> <p>Out-of-Network - Up to \$70 reimbursement; after \$20 co-pay</p>
Single vision	<p>In-Network - 100% covered; after \$20 exam co-pay; limited to one pair of lenses every plan year</p> <p>Out-of-Network - Up to \$50 reimbursement; after \$20 co-pay</p>
Lined Bifocal	<p>In-Network - 100% covered; after \$20 exam co-pay; limited to one pair of lenses every plan year</p> <p>Out-of-Network - Up to \$75 reimbursement; after \$20 co-pay</p>
Lined Trifocal	<p>In-Network - 100% covered; after \$20 exam co-pay; limited to one pair of lenses every plan year</p> <p>Out-of-Network - Up to \$100 reimbursement; after \$20 co-pay</p>
Progressive Lenses	<p>In-Network - Standard progressives - 100% covered Premium progressives - 20-25% discount Custom progressives - 20-25% discount</p> <p>Out-of-Network- Reimbursed up to \$75</p>
Polycarbonate Lenses	<p>In-Network - 100% covered for dependent children; average 20-25% discount for other covered members</p> <p>Out-of-Network - Not covered</p>
Lens Option	<p>In-Network - Lens options, which can enhance appearance, durability, function of your glasses, available at low cost-controlled pricing; average 20-25% savings on all non-covered lens options; ask your doctor for details</p> <p>Out-of-Network - Not covered</p>
Tints	<p>In-Network - 100% covered</p> <p>Out-of-Network - Up to \$5 reimbursement</p>

Additional Questions?

If you have questions about vision benefits, visit vsp.com or call Vision Service Plan (VSP) at 1 (877) 814-8966, Monday through Friday from 7 a.m. to 10 p.m., Central time, except for holidays. For TDD communication services for the hearing impaired, call 1 (800) 428-4833.