



UTCA Group Vision Plan through VSP

Exclusive to all UTCA Members:

Offered through VSP, customized Group Vision Plans are available to all UTCA member firms at special rates. Plans provide comprehensive coverage for annual eye exams, eyeglasses and contact lenses through a nationwide network of doctors and facilities.

ABOUT THE UTCA VISION PLANS:

- All plans offer coverage for an annual comprehensive eye exam for a \$10 copay
- Premium & Platinum plans offer coverage for progressive lenses and tints w/ \$0 copay
- Platinum Plan offers High Index lenses (good for constant computer work) at \$0 copay (a \$75 value)
- Benefits can be used for Safety Glasses, in addition to regular eyeglasses and contacts
- Dependents are covered to the end of the year that they turn 26
- Extensive national network of providers
- 2-year rate guarantee
- Each participating company is billed individually

ADDITIONAL VALUE-ADDED BENEFITS

- Option those who prefer to shop online for eyewear or contact lenses. Eyeconic®: -VSP’s

online eyewear store Members can apply their VSP benefits directly to the purchase for glasses, sunglasses, and contacts, with the option to have their eyewear order shipped directly to their home or to a VSP practice. Visit Eyeconic®: <http://www.eyeconic.com/>

- Extra \$20 to spend on featured frame brands like bebe®, ck Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and other select frames. At no cost to you, the extra \$20 is automatically applied by the VSP doctor. No cost. No hassle. Just great choice and value. (not available at Walmart, Sam’s Club and Costco)
- Contact Lens Rebates: Visit the contact lens rebate section of our website to get up to \$200 rebate on a an annual supply of eligible contacts from Bausch + Lomb, and there are also rebates for CooperVision lenses. TruHearing Hearing Aid Discount Program: VSP members receive FREE access (\$108 value) and savings of up to 50% on state-of-the-art digital hearing aids. This program is also available to VSP members’ dependents and extended family members!
- VSP’s Laser VisionCare Program – Get an average of 15% off the regular price, or 5% off the promotional price and contracted Lasik, Custom PRK or Bladeless LASIK. You won’t pay more than \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK, Custom PRK or Bladeless LASIK.

For more information, reach out to one the experienced
Benefit Account Representatives
at Insurance Office of America:

Margaret Fitzgerald
Senior Sales Consultant
Margaret.Fitzgerald@ioausa.com
Direct: 732.378. 7388

Karen Walsh
Senior Sales Consultant
Karen.Walsh@ioausa.com
Direct: 607.754.8527

VSP® for UTILITY & TRANSPORTATION CONTRACTORS ASSOCIATION		VSP Signature Plan® Base Plan Option		VSP Signature Plan® Premium Plan Option		VSP Signature Plan® Platinum Option	
Exam Copay		\$10.00		\$10.00		\$10.00	
Materials Copay		\$20.00		\$20.00		\$20.00	
Frequency: Exam: Lenses: Frame:		Every 12 Months Every 12 Months Every 12 Months		Every 12 Months Every 12 Months Every 12 Months		Every 12 Months Every 12 Months Every 12 Months	
Essential Medical Eye Care		\$20 copay per visit		\$20 copay per visit		\$20 copay per visit	
Exam Coverage							
WellVision Exam®		Covered in full after copay		Covered in full after copay		Covered in full after copay	
Contact Lens Exam (Fitting & Evaluation)		Standard and premium fit: Covered in full after copay. Member receives 15% off contact lens exam services; copay will never exceed \$60 15% off not available at Costco® Optical, Walmart® Optical or Sam's Club® Optical		Standard and premium fit: Covered in full after copay. Member receives 15% off contact lens exam services; copay will never exceed \$60 15% off not available at Costco® Optical, Walmart® Optical or Sam's Club® Optical		Standard and premium fit: Covered in full after copay. Member receives 15% off contact lens exam services; copay will never exceed \$60 15% off not available at Costco® Optical, Walmart® Optical or Sam's Club® Optical	
Routine Retinal Screening Not available at Walmart® Optical or Sam's Club® Optical		No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Lens Coverage							
Basic Prescription Lenses: Single vision / Lined bifocal / Lined trifocal / Lenticular		Covered in full after copay		Covered in full after copay		Covered in full after copay	
Lens Enhancements¹		Covered with a copay, saving an average of 40%		Covered with a copay, saving an average of 40%		Covered with a copay, saving an average of 40%	
		Single Vision	Multifocal	Single Vision	Multifocal	Single Vision	Multifocal
Standard Anti-Glare coating:		\$37	\$37	\$37	\$37	Covered in full	Covered in full
All other Anti-Glare coatings:		\$51 – \$75	\$51 – \$75	\$51 – \$75	\$51 – \$75	Covered in full	Covered in full
Impact-resistant lenses for children:		Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Impact-resistant lenses for adults:		\$23	\$28	\$23	\$28	\$23	\$28
Standard Progressives:		N/A	Covered in full	N/A	Covered in full	N/A	Covered in full
Premium & Custom Progressives:		N/A	\$80 – \$160	N/A	Covered in full	N/A	Covered in full
Tints/Light-reactive lenses:		Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Plastic Gradient Dye:		Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
High Index Lenses:		\$51 – \$102	\$55 – \$90	\$51 – \$102	\$55 – \$90	Covered in full	Covered in full
Scratch-resistant coating:		\$15	\$15	Covered in full	Covered in full	\$15	\$15
		Costco® Optical, Walmart® Optical and Sam's Club® Optical prices already include savings. Members will pay the Usual & Customary fee.					
Frame Coverage							
VSP Doctors and Retail Chains		\$180 allowance; plus 20% off any amount above the allowance		\$200 allowance; plus 20% off any amount above the allowance		\$225 allowance; plus 20% off any amount above the allowance	
Costco® Optical		\$100 allowance		\$110 allowance		\$120 allowance	
Walmart® Optical and Sam's Club®		\$180 allowance		\$200 allowance		\$225 allowance	
Contact Lens Coverage							
Elective Contact Lenses (prescription contact lenses, in lieu of glasses)		\$160 allowance		\$160 allowance		\$180 allowance	
Necessary Contact Lenses Not available at Retail Chains, Costco® Optical, Walmart® Optical or Sam's Club®		Covered in full after copay		Covered in full after copay		Covered in full after copay	
Extra Savings							
VSP Laser VisionCare SM Program Discounts on LASIK, Custom LASIK, and PRK, plus patient education.		Average 15% off or 5% off promotional offer Discounts only available from VSP contracted facilities. Members who've had laser surgery can use frame benefit for non-prescription sunglasses					
Additional Pairs of Glasses		30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses purchased on the same day with the same provider who performed the exam. Or 20% off from any VSP provider within 12 months of the member's last WellVision Exam					
Out-of-Network Schedule							
Eye Exam:		\$50.00		\$50.00		\$50.00	
Single Vision:		\$50.00		\$50.00		\$50.00	
Lined Bifocal:		\$75.00		\$75.00		\$75.00	
Lined Trifocal:		\$100.00		\$100.00		\$100.00	
Lenticular:		\$125.00		\$125.00		\$125.00	
Progressive:		\$75.00		\$75.00		\$75.00	
Frame:		\$70.00		\$70.00		\$70.00	
Elective Contact Lenses:		\$105.00		\$105.00		\$105.00	
Necessary Contact Lenses:		\$210.00		\$210.00		\$210.00	
Monthly Rates							
(July 2024 – June 2026)		Employee Only: \$10.84 Employee + One: \$21.71 Employee + Family: \$34.93		Employee Only: \$12.05 Employee + One: \$24.08 Employee + Family: \$38.76		Employee Only: \$14.94 Employee + One: \$29.92 Employee + Family: \$48.13	