

Need Affordable Vision Insurance?

vsp individual
-vision plans

MOUNTAIN
HEALTH CO-OP

As a Mountain Health Coop member, you now have easy access to high-quality, full-service, individual vision benefits through VSP®

Enjoy personalized care from the nation's largest network of doctors and a wide selection of eyewear to fit your style and budget—all at the lowest out-of-pocket cost.

ENROLL NOW

For more information, visit
<http://www.mhc.coop/Idaho/> or call 844.641.6718

VSP Individual Plan Coverage

VSP Network Provider	Standard Plan		Premium Plan**	
WellVision Exam®	Covered after \$15 copay		Covered after \$10 copay	
Contact Lens Exam	15% savings on a contact lens exam		15% savings on a contact lens exam	
Frames	\$150 allowance every 12 months*		\$200 allowance every 12 months	
Elective Contact Lenses*	\$150 allowance every 12 months*		\$200 allowance every 12 months	
Lenses: Single vision, Lined bifocal, Lined trifocal, Lenticular	Covered after \$25 materials copay		Covered after \$20 materials copay	
Maximum copay on lens enhancements	Average savings of 20 - 25% on other lens enhancements		Average savings of 20-25% on other lens enhancements	
	Single vision	Multifocal	Single vision	Multifocal
Anti-reflective coating	\$41 - \$85 copay	\$41 - \$85 copay	\$41 - \$85 copay	\$41 - \$85 copay
Impact-resistant (polycarbonate) lenses	\$31 copay	\$35 copay	\$31 copay	\$35 copay
Progressive lenses (no-line bi/trifocals, ranging from standard to custom)	N/A	\$55 - \$175 copay	N/A	\$55 allowance
Light-to-dark lens tinting (photochromic adaptive lenses)	\$33 - \$70 copay	\$41 - \$82 copay	\$33 - \$70 copay	\$41 - \$82 copay
Scratch-resistant coating	\$17 - \$33 copay	\$17 - \$33 copay	\$17 - \$33 copay	\$17 - \$33 copay



*\$120 allowance for frames or contact lenses in Florida.
 **Plan is not available in Florida, New York, Oregon, or Washington.
 Coverage listed applies to services from a VSP Network Provider. Out of network coverage will vary.

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