

VISION INSURANCE COMPARISON



UNIVERSITY OF MICHIGAN
HEALTH-SPARROW
MICHIGAN MEDICINE

MNA PECSH Supplemental Pool
January 1, 2025

Vision Services Plan (VSP)		
	Silver (Base) Plan	Gold (Buy Up) Plan
Annual Deductible	No deductible	
Preventative		
Vision Exams	\$0 copay	\$0 copay
Prescription Glasses	\$25 copay	\$25 copay
Frame	\$150 allowance for frames \$170 allowance for featured frames Included in above copay	\$200 allowance for frames \$220 allowance for featured frames Included in above copay
Lenses	Single vision, lined bifocal and lined trifocal. Polycarbonate Lenses for children Every calendar year Included in above copay	Single vision, lined bifocal and lined trifocal. Polycarbonate Lenses for children Every calendar year Included in above copay
Light Care-ready made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses	\$150 allowance (in lieu of prescription glasses or contacts)	\$200 allowance (in lieu of prescription glasses or contacts)
Lens Enhancements	Scratch Resistant Coating - \$0 copay Standard Progressive Lenses - \$0 copay Premium Progressive Lenses - \$50 copay Custom Progressive Lenses - \$50 copay Anti-Reflective coating - \$41 - \$85 copay	Scratch Resistant Coating - \$0 copay Standard Progressive Lenses - \$0 copay Premium Progressive Lenses - \$25 copay Custom Progressive Lenses - \$25 copay Anti-reflective coating - \$25 copay
Contact Lenses (Instead of Glasses)	Up to \$60 copay	Up to \$60 copay
Contact Lenses	\$150 allowance for contacts Contact lens fitting (fitting and evaluation) Every calendar year Included in above copay	\$200 allowance for contacts Contact lens fitting (fitting and evaluation) Every calendar year Included in above copay
Diabetic Eyecare Plus Program	\$20 copay	\$20 copay
Diabetic Eyecare Plus Program	Services related to diabetic eye disease, glaucoma, and age related macular degeneration. Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply.	Services related to diabetic eye disease, glaucoma, and age related macular degeneration. Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply.
Extra Savings		
Glasses and Sunglasses	20% savings on additional glasses and sunglasses	20% savings on additional glasses and sunglasses
Retinal Screening	No more than a \$39 copay on routine retinal screening	No more than a \$39 copay on routine retinal screening
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities
Provider Expansion	Walmart and Costco frame allowance \$150	Walmart and Costco frame allowance \$200
MONTHLY Rates		
All Levels	Silver (Base) Plan	Gold (Buy Up) Plan
Caregiver Only	\$7.33	\$15.76
Two Person	\$19.93	\$34.08
Family	\$28.60	\$56.41
COBRA Rates		
Caregiver Only	\$7.48	\$16.08
Two Person	\$20.33	\$34.76
Family	\$29.17	\$57.54

This is a summary of **in-network** benefits provided by each carrier. Please refer to the Summary Plan Description for detailed information. Should any questions arise, contracts in effect will take precedence.