Keenan

Mt. San Jacinto Community College

RENEWAL 2024

Summary of VSP Vision Plan - Certificated (CTA) Only

Carrier Name	Vision Service Plan	
Plan Name	Plan B 12/12/24/$20 (CSVC)	
	In-Network	**Out-of-Network**
General Plan Information		
Copay		
Deductible	$20	$20
Examination	100%	up to $45
Benefit Frequency		
Examination	12 months	12 months
Lenses	12 months	12 months
Frames	24 months	24 months
Contacts	12 months	12 months
Covered Services		
Lenses		
Single Vision Lens	100% up to 61mm	up to $45
Bifocal Lens	100%	up to $65
Basic Progressive	100%	Not covered
Contact Lenses		
Medically Necessary	100% (in lieu of all other eyewear; requires prior authorization)	up to $210 (in lieu of all other eyewear)
Elective	up to $105 (in lieu of all other eyewear)	up to $250 (in lieu of all other eyewear)
Frames	up to $120	up to $45