

Wyoming School Boards Association of Insurance Trust



July 1, 2024 – June 30, 2025	Wyoming School Boa	ard Association
Frequencies	Base Plan \$10 Exam/\$20 Materials	Buy Up Plan \$10 Exam/\$15 Materials
Examination	Every 12 Months	Every 12 Months
Lenses	Every 12 Months	Every 12 Months
Frame	Every 24 Months	Every 12 Months
Benefits with a VSP® Network Pro	ovider	
Comprehensive Eye Examination	Covered in Full After Copay	Covered in Full After Copay
Contact Lens Examination	Up to \$60 Contact Lens Fitting & Evaluation	Up to \$60 Contact Lens Fitting & Evaluation
Retinal Exam	Up to \$39 Copay	Up to \$39 Copay
Essential Medical Eyecare	\$20 Copay	\$20 Copay
Lenses	30% Discount on all other Lens Enhancements	
Single Vision, Bifocal, Trifocal, Lenticular	Covered in Full After Copay	Covered in Full After Copay
Standard Progressives	Covered in Full	Covered in Full
Polycarbonate Lenses	Covered in Full for Dependent Children	Covered in Full for Dependent Children
UV Coverage	Discount Applicable	Covered in Full
Allowances		
Retail Frame Allowance	\$130	\$185
Featured Frame Brand Allowance	\$150	\$205
Costco/Walmart Equivalent Frame	\$70	\$100
Elective Contact Lenses	\$130	\$185
Necessary Contact Lenses	Covered in Full	Covered in Full
Additional Pairs Laser Vision Program	Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non- prescription sunglasses from any VSP doctor. 50% Discount on additional pair at Visionworks Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK,	
•	Custom LASIK	, and IntraLase
Non-VSP Provider Allowances	0.15	T
Examination Single Vision Bife and Trife and	\$45	\$45
Single Vision, Bifocal, Trifocal, Lenticular	\$30/50/65/100	\$30/50/65/100
Frame	\$70	\$70
Elective Contact Lenses	\$105	\$105
Necessary Contact Lenses	\$210	\$210
	Base Plan Rates	Base Plan Employee Premiums
Employee Only	\$ 5.49	\$0
Employee + Spouse	\$10.48	\$0
Employee + Child(ren)	\$11.18	\$0
Employee + Family	\$17.57	\$0
	Buy Up Plan Rates	Buy Up Plan Employee Premiums
Employee Only	\$ 8.76	\$ 3.27
Employee + Spouse	\$17.03	\$ 6.55
Employee + Child(ren)	\$18.19	\$ 7.01
Employee + Family	\$28.76	\$11.19