

	Spirit Vision Rider	DIRECT VISION INSURANCE VSPA	DIRECT VISION INSURANCE VSPB	DIRECT VISION INSURANCE EyeMed A	DIRECT VISION INSURANCE EyeMed B
Cost for individual per month	\$7.00	\$12.78 or \$15.97 FL, MN, MS	\$9.78 or \$12.22 FL, MN, MS	\$12.02 or \$15.02 FL, MN, MS	\$9.22 or \$11.53 FL, MN, MS
Standalone	No	Yes	Yes	Yes	Yes
Eye Exams	\$10 deductible EVERY 12 MONTHS	\$15 deductible EVERY 12 MONTHS	\$15 deductible EVERY 12 MONTHS	\$15 deductible EVERY 12 MONTHS	\$15 deductible EVERY 12 MONTHS
Contact Lens Exam & Fitting	up to \$55 deductible	\$60 deductible EVERY 12 MONTHS	\$60 deductible EVERY 24 MONTHS	\$15 deductible EVERY 12 MONTHS	\$15 deductible EVERY 24 MONTHS
Total Retail Allowance For frames + lenses or contacts	\$130 EVERY 24 MONTHS	\$150 EVERY 12 MONTHS	\$150 EVERY 24 MONTHS	\$150 EVERY 12 MONTHS	\$150 EVERY 24 MONTHS
Frame + Eyeglass Lens deductible	\$20 deductible EVERY 24 MONTHS	\$25 deductible EVERY 12 MONTHS	\$25 deductible EVERY 24 MONTHS	\$25 deductible EVERY 12 MONTHS	\$25 deductible EVERY 24 MONTHS
Contact deductible	(instead of lenses and frame) \$20 deductible EVERY 24 MONTHS	No deductible	No deductible	No deductible	No deductible
Network	EyeMed Access	VSP Choice	VSP Choice	EyeMed Access	EyeMed Access