

Vision Benefit Quick Overview



What's Included in Your VSP Network Plan

VSP network plan	VSP Choice network	Out-of-network
Deductibles	\$10 exam, \$25 eyeglass lenses or frames	\$10 exam, \$25 eyeglass lenses or frames
Annual exam	Covered in full	Up to \$45
Lenses (per pair)		
Single vision lenses	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See benefit summary for details	N/A
Contacts		
Fit and follow-up exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$105
Medically necessary	Covered in full	Up to \$210
Frame allowance	Up to \$150	Up to \$70
Frequencies		
Exam/lens/frames	12/12/24 Based on date of service	12/12/24 Based on date of service

What's Included in Your EyeMed Network Plan

EyeMed network plan	EyeMed Insight network	Out-of-network
Deductibles	\$10 exam, \$25 eyeglass lenses or frames	No deductible
Annual exam	Covered in full	Up to \$35
Lenses (per pair)		
Single vision lenses	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See benefit summary for details	N/A
Contacts		
Fit and follow-up exams	Member cost up to \$40	No benefit
Elective	Up to \$150	Up to \$104
Medically necessary	Covered in full	Up to \$200
Frame allowance	Up to \$150	Up to \$65
Frequencies		
Exam/lens/frames	12/12/24, based on date of service	12/12/24 Based on date of service

How Much You Will Pay

VSP and EyeMed plans	Associate monthly cost	Associate weekly cost
Associate	\$5.84	\$1.35
Associate + 1	\$11.48	\$2.65
Associate + family	\$19.28	\$4.45