



2026 Vision Plan

January 1 – December 31, 2026



Benefit Features		
	Vision Service Plan	
Choice of Doctor	Any provider. However, the plan pays higher benefits if you receive care from a VSP In-Network doctor.	
	In-Network	Out-of-Network
Copay	\$15 per individual	\$15 per individual
Eye Exam (once every calendar year)	Plan pays 100% per plan year	Plan pays up to \$40 per exam per plan year
Lenses (one pair per calendar year) <ul style="list-style-type: none">Single vision, lined bifocal, polycarbonate, scratch coating, and lined trifocal lensesStandard progressive lenses	<ul style="list-style-type: none">Plan pays 100% after copayPlan pays 100% after copay	Plan pays 100% after copay, up to the following amounts. You pay all charges over these amounts: <ul style="list-style-type: none">Single vision: Up to \$40Bifocal: Up to \$60Trifocal: Up to \$80Progressive: Up to \$80Lenticular: Up to \$125
Frames (once every calendar year)	<ul style="list-style-type: none">\$170 featured frame brands allowance\$150 frame allowance20% savings on the amount over your allowance\$80 Walmart®/Sam's Club®/Costco®* frame allowance	<ul style="list-style-type: none">Plan pays up to \$45; you pay retail price over \$45
Contact Lenses (once a year in lieu of lenses and frames)		
<ul style="list-style-type: none">CosmeticMedically Necessary**	<ul style="list-style-type: none">Up to \$150 for contacts; copay does not applyUp to \$60 for contact lens exam (fitting, evaluation)Plan pays 100% per plan year	<ul style="list-style-type: none">Up to \$105 for contact lens fitting, evaluation & materialsUp to \$210 for contact lens fitting, evaluation & materials
VSP LightCare (in lieu of prescription glasses or contacts)	<ul style="list-style-type: none">\$250 frame and lens allowance for non-prescription sunglasses or non-prescription blue light filtering glasses	\$45 frame and lens allowance for non-prescription sunglasses or non-prescription blue light filtering glasses
VSP EasyOptions*** Members can choose one of these upgrades	<ul style="list-style-type: none">Additional \$100 frame allowance, orFully covered premium or custom progressive lenses, orFully covered light-reactive lenses, orFully covered anti-glare coating, orAdditional \$50 contact lens allowance.	Not covered
Laser Eye Surgery	<ul style="list-style-type: none">\$500 per eye per lifetime for Custom LASIK / PRK, Bladeless LASIK, LASIK, or PRKAverage 15% off regular price or 5% off promotions at contracted facilities	
Cost for Coverage (Per Pay Period)***		
• Employee Only		\$4.07
• Employee + 1 Dependent		\$9.41
• Employee + 2 or more Dependents		\$12.76

* Costco products are covered, but not all Optometrists at Costco are VSP network providers.

** There are certain eye conditions that can only be corrected by contact lenses. Non-elective contact lenses, also called medically necessary contact lenses, are prescribed by your optometrist to correct these types of eye problems. Your eye doctor will let you know if you need non-elective contact lenses.

*** Members are unable to use EasyOptions at Costco, Walmart or Sam's Club. Members can use their base plan benefits at Costco, Walmart and Sam's Club, and EasyOptions at a VSP in-network provider's office.

**** Based on 24 pay periods in the year/twice a month deductions.

NOTES: (1) Call VSP Customer Service at (800) 877-7195 or visit the VSP website at www.vsp.com for a list of member doctors in your area. A participating doctor will call VSP to verify your eligibility. (2) Additional glasses are available with a 30% discount from the same VSP doctor on the same day as your WellVision Exam.