



2025 Vision Plan Summary and Premiums

VSP CHOICE Plan Your Vision Benefits at a Glance	In-Network	Out-of-Network	
Copayments – Exam/Materials	\$20 Exam/\$20 Materials; KidsCare children are eligible for two WellVision Exams if needed		
	VSP Participating Providers	Coverage with Non-Participating Providers	
Lenses (Every calendar year)	<ul style="list-style-type: none"> • Single Vision, Lined Bifocal, Lined Trifocal covered in full after \$20 copay • Polycarbonate lenses for dependents under 18 covered in full after \$20 copay • Standard progressive: \$0 copay • Premium progressive: \$95 - \$105 copay • Custom progressive: \$150 - \$175 copay Average savings of 30% on other lens enhancements		Single Vision up to \$30 Lined Bifocal up to \$50 Lined Trifocal up to \$65 Lenticular up to \$100 Progressive up to \$50
Lens Options	The most popular lens options are covered in full with a copay, saving our members an average of 20-25%		Not Applicable
Frame (Every other calendar year) KidsCare program -ever year	<ul style="list-style-type: none"> • \$200 -allowance for a wide selection of frames <ul style="list-style-type: none"> • Additional \$50 for feature brand names • 20% off amount over your allowance • \$110 Costco and Walmart Allowance* 		Frame up to \$70
Contacts – instead of glasses (Every calendar year)	<ul style="list-style-type: none"> • Contact lens exam (fitting and evaluation) – covered in full after not to exceed \$60 copayment • \$170 allowance for contacts (material copayment does not apply) 		Contacts allowance up to \$105
Extra Savings and Discounts	Applies to In-Network Participating Providers Only		
Glasses and Sunglasses	Extra \$50 to spend on featured frame brands. Go to vsp.com/offers for details. 40% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
Laser Vision Correction	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 		
Retinal Screenings	<ul style="list-style-type: none"> • Guaranteed pricing of \$39 for retinal screening as an enhancement to your WellVision Exam 		
Affiliate Providers	<p>*Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit vsp.com for details.</p> <p>Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.</p>		
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> • Services related to type 1 and type 2 diabetes; ask your VSP doctor for details. \$20 copayment applies. 		
Online Eyeconic	Log into VSP.com - create an account - select online eyeconic and browse frames and upload Prescription and order glasses		
Rates (Monthly Contribution) / Per Pay period Contribution	Member Only Monthly \$5.86 / Per Pay Period \$2.93	Member + One Monthly \$11.71/ Per Pay Period \$5.86	Member + Family Monthly \$18.91/ Per Pay Period \$9.46

Contact VSP to be sure your providers are in network at 1800-877-7195 or VSP.COM