



**VSP Vision PPO VOLUNTARY
Benefit and Rate Sheet**



Available in CA and CO¹
Group Size: 1+

PPO VOLUNTARY VSP VISION PLANS

Plan Name	CHOICE A \$15/\$30/\$180 0009	CHOICE B \$10/\$20/\$180 0026	CHOICE C \$10/\$20/\$180 0027	CHOICE C \$10/\$25/\$160 EASY OPTIONS² LIGHTCARE³ 0030	SIGNATURE C \$25/\$180 0029
Network	CHOICE PPO IN-NETWORK	CHOICE PPO IN-NETWORK	CHOICE PPO IN-NETWORK	CHOICE PPO IN-NETWORK	SIGNATURE PPO IN-NETWORK
Benefit Frequency					
Exam/Lens/Frame	Every 12/24/24 months	Every 12/12/24 months	Every 12/12/12 months	Every 12/12/12 months	Every 12/12/12 months
Deductible/Copay					
Exam	\$15	\$10	\$10	\$10	\$25
Lens/Frame	\$30	\$20	\$20	\$25	
Benefits (After Deductible/Copay)					
Exam	100%	100%	100%	100%	100%
Lenses - Single	100%	100%	100%	100%	100%
Lenses - Bifocal	100%	100%	100%	100%	100%
Lenses - Trifocal	100%	100%	100%	100%	100%
Lenses - Enhancements	Subject to copays	Subject to copays	Subject to copays	Subject to copays	Subject to copays
Frame	\$180 ⁴	\$180 ⁴	\$180 ⁴	\$160 ⁴	\$180 ⁴
Contacts (In lieu of glasses)	Up to \$60	Up to \$60	Up to \$60	Up to \$60	Up to \$60
Fit & Follow-up Exam	Up to \$60 copay	Up to \$60 copay	Up to \$60 copay	Up to \$60 copay	Up to \$60 copay
Elective	\$180 allowance	\$180 allowance	\$180 allowance	\$160 allowance	\$180 allowance
Medically Necessary	100%	100%	100%	100%	100%
Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice.					
Member Only	\$8.55	\$11.12	\$13.28	\$13.60	\$15.57
Member + Spouse/DP	\$13.34	\$19.42	\$23.75	\$24.69	\$28.33
Member + 1 Child	\$13.34	\$19.42	\$23.75	\$24.69	\$28.33
Member + Children	\$13.34	\$19.42	\$23.75	\$24.69	\$28.33
Member + Family	\$20.87	\$29.54	\$36.50	\$38.22	\$43.87
Rate Guarantee	2 years	2 years	2 years	2 years	2 years

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carriers Summary of Benefits.

1 VSP® Vision plans are available to groups of 1 or more enrolled employees. Group must be headquartered in CA or CO. Employees can reside in any state.

2 EasyOptions - Choose your upgrade: \$260 Frame Allowance, Anti-glare Lenses, Progressive Lenses, or Light-reactive Lenses, or in lieu of glasses, a \$260 Contact Lens allowance. VSP® EasyOptions plan benefits are not available at retail chains such as Walmart®, Sam's Club®, or Costco®.

3 LightCare™ - You can use your frame and lens benefit to get non-prescription (ready-to-wear) eyewear from your VSP® network doctor such as non-prescription sunglasses or blue light filtering glasses.

4 Coverage with a retail chain such as Walmart®, Sam's Club®, or Costco® may be different or not apply. For example, there is a \$90 Frame Allowance at a retail chain.