



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



Available in CA & CO

PPO INDIVIDUAL VSP VISION PLANS					
Plan Name	PLAN A 0009	PLAN B 0026	PLAN C 0027	PLAN C 0030	PLAN C 0029
Network	PPO CHOICE IN-NETWORK	PPO CHOICE IN-NETWORK	PPO CHOICE IN-NETWORK	PPO CHOICE IN-NETWORK EASYOPTIONS ¹ LIGHTCARE ²	PPO SIGNATURE 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 - Lens Enhancements	Subject to copays	Subject to copay	Subject to copay	Subject to copay	Subject to copay
Frame	\$150 ³	\$150 ³	\$180 ³	\$180 ³	\$200 ³
Contacts - Elective (in lieu of glasses)	\$180 allowance	\$180 allowance	\$180 allowance	\$160 allowance	\$180 allowance
Fit & Follow-up Exam	Up to \$60 copay	Up to \$60 copay			
Medically Necessary	100%	100%	100%	100%	100%
Rates for 2024 Effective Dates - \$5 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

¹ EasyOptions - Choose your upgrade - \$260 Frame Allowance, or Anti-glare Lenses, or 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.

² 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.

³ Coverage with a retail chain, Walmart®, Sam's Club®, or Costco may be different or not apply; such as \$90 Frame Allowance at retail chain. Before seeking services, contact VSP to find a VSP provider or a retail chain to discuss their allowances.