

Vision PPO INDIVIDUAL Benefit and Rate Sheet for 2026 Effective Dates

Available in CA and CO¹
Individual and Family Plans

Choose One or More 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 ² LIGHTCARE ³	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 - Enhancements	Subject to copays	Subject to copays	Subject to copays	Subject to copays	Subject to copays
Frame ⁴	\$150	\$150	\$180	\$180	\$200
Contacts (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	Up to \$60 copay	Up to \$60 copay	Up to \$60 copay
Medically Necessary	100%	100%	100%	100%	100%
Monthly Rates					
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
Monthly Admin Fee	\$5.00				

¹ These VSP plans are available to individuals and families residing in CA or CO.

² 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.

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, 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.