

# VSP Vision PPO VOLUNTARY

## Benefit and Rate Sheet for 2026 Effective Dates

Available in all states excluding CA & CO<sup>1</sup>

Group Size: 1+

Choose One or More Plans					
Plan Name	CHOICE A \$10/\$25/\$150 0031	CHOICE B \$10/\$25/\$160 0032	CHOICE B \$0/\$180 0033	CHOICE C \$10/\$10/\$180 0034	CHOICE C \$20/\$200 EASYOPTIONS <sup>2</sup> LIGHTCARE™ <sup>3</sup> 0035
Network	CHOICE PPO IN-NETWORK	CHOICE PPO IN-NETWORK	CHOICE PPO IN-NETWORK	CHOICE PPO IN-NETWORK	CHOICE PPO IN-NETWORK
Benefit Frequency					
Exam/Lens/Frame	Every 12/24/24 months	Every 12/12/24 months	Every 12/12/24 months	Every 12/12/12 months	Every 12/12/12 months
Deductible/Copay					
Exam	\$10	\$10	\$0	\$10	\$20
Lens/Frame	\$25	\$25		\$10	
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	\$150 <sup>4</sup>	\$160 <sup>4</sup>	\$180 <sup>4</sup>	\$180 <sup>4</sup>	\$200 <sup>4</sup>
Contacts - Elective (In lieu of glasses)	\$150 allowance	\$160 allowance	\$180 allowance	\$160 allowance	\$200 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	\$7.60	\$9.18	\$10.58	\$11.02	\$13.22
Member + Spouse/DP	\$12.66	\$15.84	\$18.63	\$19.53	\$23.91
Member + 1 Child	\$12.66	\$15.84	\$18.63	\$19.53	\$23.91
Member + Children	\$13.38	\$16.77	\$19.76	\$20.72	\$25.40
Member + Family	\$19.87	\$25.28	\$30.05	\$31.60	\$39.09
Rate Guarantee	2 years	2 years	2 years	2 years	2 years
Monthly Admin Fee	\$15				

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.

<sup>1</sup> VSP® Vision plans are available to groups of 1 or more enrolled employees. Group can be headquartered in any state, except CA or CO. Employees can reside in any state. Voluntary plans assume employer is paying 0%-100% of the member's premium.

<sup>2</sup> 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®.

<sup>3</sup> LightCare<sup>TM</sup> - 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.

<sup>4</sup> 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. Before seeking services, contact VSP to find a VSP provider or a retail chain to discuss their allowances.

In order to have the monthly admin fee waived, must select both emailed invoices and payment via ACH Draft. If at any time correspondence and/or payment methods are changed to USPS mail and/or payment by check, an administrative fee of \$15 monthly will be assessed per invoice.