

Vision Insurance

Your vision coverage is through Guardian.

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.



In-Network Care



Find an in-network provider



VSP

Routine Vision Exams	\$10 copay
Benefit Frequency: Date of service	
Eye Exams	every 12 months
Lenses	every 12 months
Frames	every 24 months
Eye Glasses	
Single Vision Lenses	\$25 copay
Lined Bifocal Lenses	\$25 copay
Lined Trifocal Lenses	\$25 copay
Frame Allowance	up to \$130
Contact Lenses	
Prescription Medically Necessary	100% of covered services
Prescription Elective (in lieu of eyeglasses)	up to \$130
Your Cost for Coverage	Per Paycheck
Employee Only	\$0
Employee + Spouse	\$3.28
Employee + Child (ren)	\$3.38
Employee + Family	\$7.55
Dual Spouse	\$5.28

With your vision plan, you can visit any provider, but you pay less out-of-pocket when you obtain care from a provider who is in the VSP Network.

*This information is designed to help you choose a benefit plan for 2025 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.

** CY (Calendar Year)

*** AD (After Deductible)