



Vision Benefit Plan

July 1, 2026 – June 30, 2027

Benefits:	Examination: Every plan year ¹	Copayments:	\$10 Examination
	Lenses: Every plan year ¹		\$15 Materials
	Frame: Every other plan year ¹		

VSP Benefits	VSP Participating Doctor Coverage	Non-Participating Provider Schedule of Allowances
Examination	Full Coverage ²	Up to \$50 ²
Basic Lenses		
Single	Full Coverage ²	Up to \$50 ²
Bifocal	Full Coverage ²	Up to \$75 ²
Trifocal	Full Coverage ²	Up to \$100 ²
Covered Lens Options		
Scratch Coating	Full Coverage	N/A
Polycarbonate Lenses	Full Coverage	N/A
Progressive Lenses	Full Coverage	Up to \$75 ²
Frame	\$115 allowance for a wide selection of frames \$135 allowance for featured frame brands ³ 20% savings on the amount over your allowance	Up to \$70 ²
Contact Lenses (in lieu of prescription lenses and frame)	\$125 ⁴ for contacts; material copay does not apply Contact lens exam (fitting and evaluation) Up to \$60 Copay	Up to \$125

¹ Plan year begins in July

² Subject to copayments in and out-of-network

³ Featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more. Visit vsp.com to find a VSP provider who carries these brands

⁴ Allowance for contact lenses applies to contact lens materials. A contact lens exam (evaluation and fitting) is covered with a copayment of up to \$60.

Services Through a VSP Participating Doctor

- ◆ Call a VSP participating doctor for an appointment.
- ◆ Identify yourself as a VSP member and schedule an appointment.
- ◆ Participating doctor will need your last 4-digits of the covered employee's Social Security number, employer name, and birthdate.
- ◆ Participating doctor will contact VSP to verify your eligibility, plan coverage, and obtain authorization for services/materials. The doctor will inform you prior to your appointment if you are not eligible for benefits.
- ◆ To locate a VSP participating doctor, call VSP at **(800) 877-7195** or visit our web site at **www.vsp.com**.

Services Through a Non-Participating Provider

When using a non-member provider, pay the full amount of the bill. To receive partial reimbursement you can register online at www.vsp.com, complete the online form, and upload your receipt to submit the claim electronically. Otherwise you can complete the reimbursement form, attach your receipts, and mail them to: Vision Service Plan, Attention: Non-Member Claims, P.O. Box 385018, Birmingham, AL 35238.

Extra Savings on Additional Pairs of Glasses and Sunglasses

- ◆ 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your eye exam. Or get 20% from any VSP provider within 12 months of your last VSP eye exam.

As a plan designed to meet the typical visual needs of its members, we limit or do not cover some materials and certain cosmetic or elective options chosen for cosmetic purposes. We also do not cover medical or surgical eyecare services. The following lists materials and services with either limited or no coverage under the standard plan. Please note that participating doctors may request an exception if they feel a non-covered or limited material or service is necessary for the patient's visual welfare.

Cosmetic Options

The Standard Plan does not cover options chosen for cosmetic reasons. Patients should check with their participating doctor to verify items that are covered. Examples of cosmetic options include:

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| ◆ Oversize lenses | ◆ Cosmetic lenses |
| ◆ Photochromic lenses | ◆ Optional cosmetic processes |
| ◆ Tinted lenses | ◆ UV-protected lenses |
| ◆ Coating of the lens or lenses other than scratch coating | ◆ Corrective vision services, treatment and materials of an experimental nature |
| ◆ Laminating of the lens or lenses | |

Not Covered

Under VSP's Standard Plan, the following professional services and materials are not covered.

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| ◆ Orthoptics or vision training and any associated supplemental testing | ◆ Any eye exam or corrective eyewear required by an employer as a condition of employment |
| ◆ Non prescription lenses | ◆ Lost or broken lenses and frames, unless the employee has reached his or her normal interval for service when seeking replacements |
| ◆ Two pairs of glasses in lieu of bifocals | |
| ◆ Medical or surgical treatment of the eyes | |

This is only a summary. For additional information, see your employer's benefits representative.

VSP Customer Service (800) 877-7195 ◆ www.vsp.com