

2024 VSP Vision Benefits At-a-Glance

Service	VSP Provider (In-Network)	Non-VSP Provider (Out-of-Network)
• Eye Exam - Annual	\$10 deductible: Plan pays 100%	\$10 deductible: Plan reimburses up to \$50
• Eyeglass lenses (once every 12 months)	\$25 deductible ¹ : Plan pays 100%	\$25 deductible ¹ Plan reimburses up to:
• Single vision		\$50
• Bifocal		\$75
• Trifocal		\$100
• Lenticular		\$125
• Standard Progressive	Covered in Full	Not covered
• Eyeglass frames (once every other calendar year)	\$25 deductible ¹ : Plan pays up to \$175	\$25 deductible ¹ : Plan reimburses up to \$70
• Contact lenses (once every calendar year)	Plan pays up to \$175 for contacts and fitting exam	Plan reimburses up to \$105 for contacts and fitting exam

1 Deductible applies to a complete pair of glasses or frames, whichever you choose.

2024 Employees' Per-Pay Contributions for Vision Coverage

COVERAGE LEVEL	VSP VISION SERVICES
Employee only	\$0.00
Employee + spouse	\$0.00
Employee + child	\$0.00
Employee + children	\$0.00
Employee + family (spouse + children)	\$0.00