



VSP Vision PPO VOLUNTARY
Benefit and Rate Sheet



Available in all states excluding CA & CO¹
 Group Size: 1+

PPO VOLUNTARY VSP VISION 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 ² LIGHTCARE ^{TM3} 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 ⁴	\$160 ⁴	\$180 ⁴	\$180 ⁴	\$200 ⁴
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%
Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice.					
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

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.

1 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.

2 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®.

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 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.