



VSP Vision PPO EMPLOYER SPONSORED
Benefit and Rate Sheet for 2025 Effective Dates

Available in all states excluding CA and CO¹
 Group Size: 3+

Choose One Plan:					
Plan Name	CHOICE A \$10/\$25/\$150 0096	CHOICE B \$10/\$25/\$160 0097	CHOICE B \$0/\$180 0098	CHOICE C \$10/\$10/\$180 0099	CHOICE C \$20/\$200 EASYOPTIONS ² LIGHT CARE ³ 0100
Network	PPO CHOICE IN-NETWORK	PPO CHOICE IN-NETWORK	PPO CHOICE IN-NETWORK	PPO CHOICE IN-NETWORK	PPO CHOICE 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%
Monthly Rates					
Member Only	\$6.85	\$8.59	\$9.71	\$10.08	\$11.09
Member + Spouse/DP	\$11.17	\$14.63	\$16.88	\$17.64	\$19.66
Member + 1 Child	\$11.17	\$14.63	\$16.88	\$17.64	\$19.66
Member + Children	\$11.78	\$15.48	\$17.88	\$18.71	\$20.86
Member + Family	\$17.33	\$23.23	\$27.06	\$28.37	\$31.83
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.

¹ VSP Vision plans are available to groups of 3 or more enrolled employees. Group can be headquartered in any state, except CA or CO. CO employees can reside in any state. Employer Sponsored plans assume employer is paying 50%-100% of the member's premium.

The employer must choose one of the following participation options on the Employer Application:

- Option 1: VSP participation and contribution matches employer-sponsored medical plan participation exactly.
- Option 2: VSP participation and contribution matches employer-sponsored dental plan participation exactly.
- Option 3: VSP participation is 100% employer paid, and all eligible employees and all eligible dependents are enrolled.
- Option 4: VSP participation is 100% employer paid, and all eligible employees and no dependents are enrolled.

² EasyOptions - Choose your upgrade - \$260 Frame Allowance, or Anti-glare Lenses, or 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 fram 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, Walmart®, Sam's Club®, or Costco may be different or not apply; such as \$90 Frame Allowance at retail chain. Before seeking services, contact VSP to find a VSP provider or a retail chain to discuss their allowances.