



**Vision PPO INDIVIDUAL
Benefit and Rate Sheet**



Available in All States
excluding CA and CO

CHOOSE ONE:					
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 EASYOPTIONS¹ LIGHTCARE^{TM2} 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 copay	Subject to copay	Subject to copay	Subject to copay
Frame	\$150 ³	\$160 ³	\$180 ³	\$180 ³	\$200 ³
Contacts - Elective (in lieu of glasses)	\$150 allowance	\$160 allowance	\$180 allowance	\$180 allowance	\$180 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 - \$5 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

1 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.

2 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.

3 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.