

# Vision Insurance

## VISION SERVICE PLAN

Your vision insurance for the 2024-2025 plan year will be offered through VSP.

The vision plan offers in-network coverage. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings.

To find a participating provider, please visit [www.VSP.com](http://www.VSP.com) for more information.



### VISION INSURANCE PLAN OPTIONS AND COSTS

VSP	Employee Cost
Employee	\$0.00
Employee + Family	\$6.97

  

In-Network Benefits	
Examination Copay	\$10 copay
Contact Lens Examination Copay	Up to \$60 copay
Frequency of Service	
Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 12 months
Lenses	
Single	\$25 copay; 100% covered
Bifocal	\$25 copay; 100% covered
Trifocal	\$25 copay; 100% covered
Lenticular	\$25 copay; 100% covered
Progressive Lenses	100% Covered
VSP Light Care UV & Blue Light	100% Covered
Frames	\$200 allowance
Conventional Contacts	\$150 allowance

