

Vision Service Plan (VSP)

2025-2026 Rates

Signature Network			NEW - CHOICE Network	
	Enhanced Plan	Plan 1	Plan 2	Plan 3 Easy Options
Copay				
Exam				\$10
Materials				\$10
Combined (Exam + Materials)	\$20	\$20	\$20	
Frequency & Benefits				
Exam	1 x each 12 months	1 x each 12 months	1x each 12 months	1x each 12 month
Lenses	1 x each 12 months	1 x each 12 months	1x each 12 months	1x each 12 months
Frames	1 x each 12 months	1x each 24 months	1x each 24 months	1x each 12 months
Contacts (instead of glasses)	1 x each 12 months	1 x each 12 months	1x each 12 months	1x each 12 months
Progressives	Covered in Full	Covered in Full	Covered in Full	Member Choice to Upgrade
Anti-Reflective	Covered in Full	-	-	Member Choice to Upgrade
LightCare	Included	Included	Included	Included
Benefit Allowances				
Retail Frame Allowance	\$200	\$160	\$160	\$150—Member Choice to Upgrade
Contact Lens Allowance	\$150	\$130	\$130	\$130—Member Choice to Upgrade
Rates				
Employee	\$13.27	\$9.14	\$8.25	\$10.51
Employee + Spouse	\$21.25	\$15.72	\$10.96	\$13.96
Employee + Child(ren)	\$21.59	\$12.09	\$14.14	\$18.05
Employee + Family	\$34.77	\$18.64	\$16.81	\$21.47

Notes:

*Includes 4% broker commission and WHIT administrative fee.

Employer contribution of at least 75% of the employee-only premium is required.

Dual plan selection is permissible.

See Easy Options benefit summary for additional plan details.

888-715-8000 (toll-free)