

Vision Insurance

Administered by VSP

Voluntary Vision Insurance Eye care is about more than just getting glasses or contacts. Eye exams can catch early warning signs of serious health conditions. Regular full-time employees may purchase this coverage. When you enroll yourself and/or your eligible dependents in this benefit, you pay the full cost of coverage through semi-monthly payroll deductions. ID cards are not mailed to member homes. Therefore, please visit www.vsp.com or scan the QR code to register as a member and access a vision ID card through the portal to choose either prescription eyewear coverage, or use your frame and lens allowance toward ready-to-wear non-prescription sunglasses or non-prescription blue light filtering glasses.



Vision	VSP Preferred Provider
Exam	\$20 Copay - Once every 12 months
Glass Lenses (Single, Bifocal, Trifocal, Lenticular)	\$20 Copay - Once every 12 months
Frames	\$130 Allowance – Covered once every 24 months 20% discount on any amount exceeding retail allowance
Contact Lenses	Up to \$130 Reimbursement (in lieu of frames) Covered once every 12 months
Contacts (Instead of glasses)	Up to \$60 Copay \$130 Allowance - Once every 12 months
Medically Necessary Lenses	Covered in full

	Your Semi-Monthly Cost
Employee Only	\$3.94
Employee + Spouse	\$6.31
Employee + Child(ren)	\$6.44
Employee + Family	\$10.38

