

2025 VSP Vision Benefits At-a-Glance

Service	VSP Provider (In-Network)	Non-VSP Provider (Out-of-Network)
Eye Exam - Annual	\$10 deductible - Plan then pays 100%	\$10 deductible – Plan then reimburses up to \$50
Eyeglass lenses (once every 12 months)	\$25 deductible ¹ - Plan then pays 100%	\$25 deductible ¹ – Plan then reimburses up to:
Single vision		\$50
Bifocal		\$75
Trifocal		\$100
Lenticular		\$125
Standard Progressive lenses	Covered in Full	Not Covered
Premium Progressive lenses	\$80 - \$90	Not Covered
Custom Progressive lenses	\$120 - \$160	Not covered
Eyeglass frames (every other calendar year)	\$25 deductible ¹ - Plan then pays up to \$175	\$25 deductible ¹ – Plan then reimburses up to \$70
Contact lenses in lieu of glasses (every calendar year)	Plan pays up to \$175 for contacts and fitting exam	Plan reimburses up to \$105 for contacts and fitting exam
Contact fittings and evaluations	Up to a \$60 deductible - Plan then pays 100%	Not Covered

¹ Deductible applies to a complete pair of glasses or frames, whichever you choose.

2025 Employees' Per-Pay Contributions for Vision Coverage

COVERAGE LEVEL	VSP VISION SERVICES
Employee only	\$0.00
Employee + spouse	\$0.00
Employee + child	\$0.00
Employee + children	\$0.00
Employee + family (spouse + children)	\$0.00

Please note: employees must be on a university medical plan in order to enroll themselves or their dependents in vision coverage.