

# Vision Insurance

Visit your benefits website, [www.tandmbenefits.com/vision](http://www.tandmbenefits.com/vision), for information on how to register for your account, login, and find in-network providers.

The vision insurance benefit includes coverage for either glasses or contact, but not both.

## VSP

1-800-877-7195

[www.vsp.com](http://www.vsp.com)

**Plan Year: August 1, 2025 – July 31, 2026**

## VSP Vision Plan In-Network

	COST	FREQUENCY
EYE EXAM	\$10 copay	Every 12 months
PRESCRIPTION GLASSES	\$30 copay	See frames and lenses
<b>Frames</b> <ul style="list-style-type: none"> <li>\$220 featured frame brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$200 Walmart®/Sam's Club® frame allowance</li> <li>\$110 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>Lenses</b> <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>Lens Enhancements</b> <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$80-\$90 \$120-\$160	Every 12 months
CONTACT LENSES <i>(in lieu of glasses)</i> <ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>VISION BI-WEEKLY PAYROLL DEDUCTIONS</b>		
Employee Only		\$3.76
Employee + 1 Dependent		\$5.45
Employee + 2 or More Dependents		\$9.76