

Vision Insurance

Visit your benefits website, 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

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
Frames <ul style="list-style-type: none">• \$220 featured frame brands allowance• \$200 frame allowance• 20% savings on the amount over your allowance• \$200 Walmart®/Sam's Club® frame allowance• \$110 Costco® frame allowance	Included in Prescription Glasses	Every 24 months
Lenses <ul style="list-style-type: none">• Single vision, lined bifocal, and lined trifocal lenses• Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Enhancements <ul style="list-style-type: none">• Standard progressive lenses• Premium progressive lenses• Custom progressive lenses• Average savings of 40% on other lens enhancements	\$0 \$80-\$90 \$120-\$160	Every 12 months
CONTACT LENSES (<i>in lieu of glasses</i>)	Up to \$60	Every 12 months
<ul style="list-style-type: none">• \$130 allowance for contacts; copay does not apply• Contact lens exam (fitting and evaluation)		

VISION BI-WEEKLY PAYROLL DEDUCTIONS

Employee Only	\$3.76
Employee + 1 Dependent	\$5.45
Employee + 2 or More Dependents	\$9.76