Vision Insurance

Vision coverage helps offset the cost of eye exams, prescription glasses, and contact lenses. The vision insurance benefit includes coverage for either glasses or contacts, but not both in the same plan year.

VSP Vision Care
1-800-877-7195 • www.vsp.com
Register and find providers at
www.tandmbenefits.com/vision

VSP VISION PLAN - IN-NETWORK	YOUR COST	FREQUENCY
Eye Exam	$10 copay	Every 12 months
PRESCRIPTION GLASSES ($30 COPAY APPLIES)		
Frames - Featured Brands Allowance	$220 allowance	Every 24 months
Frames - Standard Frame Allowance	$200 allowance; 20% savings on amount over allowance	
Frames - Walmart® / Sam's Club® / Costco®	$200 Walmart®/Sam's Club®; $110 Costco®	
Lenses (Single, Bifocal, Trifocal; impact-resistant for children)	Included with prescription glasses copay	Every 12 months
LENS ENHANCEMENTS		
Standard Progressive Lenses	$0	Every 12 months
Premium Progressive Lenses	$80 - $90	
Custom Progressive Lenses	$120 - $160	
Other Lens Enhancements	Average savings of 40%	
CONTACT LENSES (IN LIEU OF GLASSES)		
Contact Lens Allowance	$130 allowance; copay does not apply	Every 12 months
Contact Lens Exam (fitting & evaluation)	Up to $60 covered	Every 12 months
BI-WEEKLY PAYROLL DEDUCTIONS		
Employee Only	$3.76	
Employee + 1 Dependent	$5.45	
Employee + 2 or More Dependents	$9.76	