

Group: Educational Services, LLC (Plan #3823)

Plan: VSP Plus 10-130

Effective Date: 1/1/2026
Plan Type: Voluntary

VellVision Exam Lenses (Glass or Plastic) Single Vision Lined Bifocal Lined Trifocal Lenticular Lens Options Progressive (Standard no-line) Premium Progressive Options Plastic Gradient Dye Colid Plastic Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratings Corating Individual India Indi	\$10 Co-pay \$15 Co-pay \$15 Co-pay \$15 Co-pay \$15 Co-pay \$15 Co-pay \$17 Co-pay \$17 Co-pay \$17 Co-pay \$18 Co-pay \$19 Co-pay \$19 Co-pay \$10 Co-pay \$110 Co-pay	Up to \$65 Up to \$30 Up to \$50 Up to \$65 Up to \$100 Up to \$50 (In lieu of Lined Bifocal reimbursement) N/A
VellVision Exam Lenses (Glass or Plastic) Single Vision Lined Bifocal Lined Trifocal Lenticular Lens Options Progressive (Standard no-line) Premium Progressive Options Custom Progressive Options Custom Progressive Options Plastic Gradient Dye Solid Plastic Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Linti-Reflective Coating Liv Protection Additional lens enhancements	\$10 Co-pay \$10 Co-pay \$10 Co-pay \$10 Co-pay \$10 Co-pay \$10 Co-pay \$95-\$105 Co-pay \$150-\$175 Co-pay \$17 Co-pay \$15 Co-pay \$15 Co-pay \$15 Co-pay \$15 Co-pay \$17 Co-pay \$17 Co-pay \$17 Co-pay	Up to \$30 Up to \$50 Up to \$65 Up to \$100 Up to \$50 (In lieu of Lined Bifocal reimbursement) N/A
Single Vision Lined Bifocal Lined Trifocal Lenticular Lens Options Progressive (Standard no-line) Premium Progressive Options Custom Progressive Options Custom Progressive Options Plastic Gradient Dye Solid Plastic Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Linti-Reflective Coating LIV Protection Lindid Ins enhancements	\$10 Co-pay \$10 Co-pay \$10 Co-pay \$10 Co-pay \$95-\$105 Co-pay \$150-\$175 Co-pay \$17 Co-pay \$15 Co-pay \$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay	Up to \$50 Up to \$65 Up to \$100 Up to \$50 (In lieu of Lined Bifocal reimbursement)
Single Vision Lined Bifocal Lined Trifocal Lenticular Lens Options Progressive (Standard no-line) Premium Progressive Options Custom Progressive Options Custom Progressive Options Plastic Gradient Dye Solid Plastic Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Linti-Reflective Coating LIV Protection Lindid Ins enhancements	\$10 Co-pay \$10 Co-pay \$10 Co-pay \$10 Co-pay \$95-\$105 Co-pay \$150-\$175 Co-pay \$17 Co-pay \$15 Co-pay \$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay	Up to \$50 Up to \$65 Up to \$100 Up to \$50 (In lieu of Lined Bifocal reimbursement)
ined Bifocal ined Trifocal enticular Lens Options Progressive (Standard no-line) Premium Progressive Options Custom Progressive Options Plastic Gradient Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating JV Protection Additional lens enhancements	\$10 Co-pay \$10 Co-pay \$10 Co-pay \$10 Co-pay \$95-\$105 Co-pay \$150-\$175 Co-pay \$17 Co-pay \$15 Co-pay \$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay	Up to \$50 Up to \$65 Up to \$100 Up to \$50 (In lieu of Lined Bifocal reimbursement)
Lens Options Progressive (Standard no-line) Premium Progressive Options Custom Progressive Options Plastic Gradient Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating IV Protection Additional lens enhancements	\$10 Co-pay \$10 Co-pay \$10 Co-pay \$95-\$105 Co-pay \$150-\$175 Co-pay \$17 Co-pay \$15 Co-pay \$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay	Up to \$65 Up to \$100 Up to \$50 (In lieu of Lined Bifocal reimbursement) N/A
Lens Options Progressive (Standard no-line) Premium Progressive Options Custom Progressive Options Plastic Gradient Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating IV Protection Additional lens enhancements	\$10 Co-pay \$0 Co-pay \$95-\$105 Co-pay \$150-\$175 Co-pay \$17 Co-pay \$15 Co-pay \$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay \$17 Co-pay \$17 Co-pay	Up to \$100 Up to \$50 (In lieu of Lined Bifocal reimbursement) N/A
Progressive (Standard no-line) Premium Progressive Options Custom Progressive Options Plastic Gradient Dye Plotochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating JV Protection Additional lens enhancements	\$95-\$105 Co-pay \$150-\$175 Co-pay \$17 Co-pay \$15 Co-pay \$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay \$17 Co-pay \$41 Co-pay \$16 Co-pay	reimbursement) N/A
Premium Progressive Options Custom Progressive Options Plastic Gradient Dye Policia Plastic Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating JV Protection Additional lens enhancements	\$95-\$105 Co-pay \$150-\$175 Co-pay \$17 Co-pay \$15 Co-pay \$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay \$17 Co-pay \$41 Co-pay \$16 Co-pay	reimbursement) N/A
Custom Progressive Options Plastic Gradient Dye Solid Plastic Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating DV Protection Additional lens enhancements	\$95-\$105 Co-pay \$150-\$175 Co-pay \$17 Co-pay \$15 Co-pay \$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay \$17 Co-pay \$41 Co-pay \$16 Co-pay	reimbursement) N/A
Custom Progressive Options Plastic Gradient Dye Solid Plastic Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating DV Protection Additional lens enhancements	\$150-\$175 Co-pay \$17 Co-pay \$15 Co-pay \$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay \$17 Co-pay \$41 Co-pay \$16 Co-pay	N/A
Colid Plastic Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating IV Protection Additional lens enhancements	\$17 Co-pay \$15 Co-pay \$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay \$17 Co-pay \$41 Co-pay \$16 Co-pay	
Colid Plastic Dye Photochromic Lenses Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating IV Protection Additional lens enhancements	\$15 Co-pay \$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay \$17 Co-pay \$41 Co-pay \$16 Co-pay	
Polycarbonate for Adults Polycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating JV Protection Additional lens enhancements	\$75 Co-pay \$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay \$17 Co-pay \$41 Co-pay \$16 Co-pay	
Colycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating JV Protection Additional lens enhancements Frames	\$31 Co-pay SV/\$35 Co-Pay Multifocal \$0 Co-pay \$17 Co-pay \$41 Co-pay \$16 Co-pay	N/A
Colycarbonate for Children (under 18) Coatings Coratch Resistant Coating Anti-Reflective Coating JV Protection Additional lens enhancements Frames	\$0 Co-pay \$17 Co-pay \$41 Co-pay \$16 Co-pay	N/A
Scratch Resistant Coating Anti-Reflective Coating JV Protection Additional lens enhancements Frames	\$41 Co-pay \$16 Co-pay	N/A
Anti-Reflective Coating JV Protection Additional lens enhancements Frames	\$41 Co-pay \$16 Co-pay	N/A
JV Protection Additional lens enhancements Frames	\$41 Co-pay \$16 Co-pay	N/A
Additional lens enhancements Frames		N/A
rames	Up to 25% Discount	
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Allowance Based on Retail Pricing	\$130 Allowance at any VSP doctor or \$70 at	Up to \$80
	Costco, Sam's Club or Walmart	•
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
Elective Contact Lenses In Lieu of		
Frame & Lenses		
Elective contact lens fitting, evaluation services		
and prescription contact lenses are covered up		
o plan allowance. 15% discount given off	\$130 Allowance	Up to \$115
contact lens fitting and evaluation services,	ψ 100 7 mo warros	ορ to ψ110
excluding materials.		
requency		
xam, Lenses, Frame or Contacts	Every 12 Months	
Refractive Surgery		
ASIK***	Up to \$500 in Savings	Not Covered
Monthly Rates	Voluntary	
Employee	Voluntary \$12.50	
Employee + Spouse	\$12.50 \$26.80 \$28.80	
Employee + Spouse Employee + Child(ren)		
Employee + Child(ren)	\$20.00 \$41.10	
Notes	\$41.	IU

** 20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.

*** Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3

Underwritten by: EMI Health