

## VISION SERVICE PLAN (VSP) SIGNATURE PLAN

### Benefit Summary 2025-2026

Services	Benefits
<b>Eligibility</b>	Spouse/domestic partner, and dependent children to age 26.
<b>Benefits Renew</b>	January 1 of each year or every other year depending on the plan frequency.
<b>Standard Lenses</b>	Covered in full up to 60mm.
<b>Progressive Lenses</b>	Standard progressives covered in full. See Patient Options below for premium progressive lenses and custom progressive lenses.
<b>Diabetic Eyecare Plus Program</b>	Supplemental Eyecare for patients with Type I and II diabetes. See your vision provider for extended services beyond the initial eye exam. \$20 co-pay per visit.
<b>Laser Vision Care (Lasik)</b>	Benefits provided at a discount through VSP approved center. Visit <a href="http://www.vsp.com">www.vsp.com</a> or contact VSP's Customer Service for additional information. <b>NOTE:</b> Your health plan does not provide benefits for eye surgery solely for the purpose of correcting refractive defects of the eye.
<b>Polycarbonate Lenses</b>	Covered for dependent children up to age 18
<b>Sunglasses</b>	See Added Value Discounts below
<b>Tinted Lenses</b>	See Patient Options below
<b>Photochromic Lenses</b> (transition)	Covered in full under Plan C only
<b>Elective Contact Lenses</b> (in lieu of frames and lenses)	\$180 paid towards the cost of the contact fitting and evaluation and contact lenses when a member doctor is used.
<b>Medically Necessary Contact Lenses</b>	Covered in full with pre-certification (applies to certain medical conditions).
<b>Warranty</b>	No specified warranty. If the member is unsatisfied with the services rendered, please contact VSP's Customer Service Department at 1-800-877-7195.
<b>Choice of Frames</b>	You will receive a \$180 allowance toward any frame of your choice plus 20% off any amount over the allowance.
<b>Provider Network</b>	VSP Signature network includes independent contracted providers nationwide. Member's may also choose to go outside of the network and use the out of network reimbursement. To find a provider, visit <a href="http://www.vsp.com">www.vsp.com</a> and register or search as a guest.
<b>Participating Retail Locations</b>	Participating Retail Locations includes Costco, Visionworks and RxOptical. To find Participating Retail Locations visit <a href="http://www.vsp.com">www.vsp.com</a> or call VSP customer service at 1-800-877-7195.
<b>Added Value Discounts</b>	30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses, including lens options (same day as the members eye exam and from the same doctor). Or get 20% off unlimited additional pairs of glasses 12 months from the covered eye exam with any VSP doctor.

### Patient Options

Patients who choose to purchase lens options may do so with a **35–40% savings on all non-covered lens options**. The patient should check with a VSP participating doctor to verify whether items are covered or are considered options. These cosmetic options are not covered in full by VSP; however, due to our agreements with VSP participating doctors and laboratories, these services are provided at a controlled cost, available only to VSP subscriber. Examples of options patients may choose include:

- Premium & Custom Progressive lenses
- Blended (seamless) bifocals
- Contact lenses (except as noted)
- Oversize lenses (61mm or greater)
- Fashion and gradient tinting
- Scratch coating
- Laminating of lenses
- A frame that costs more than the plan allowance
- Cosmetic lenses
- Ultra-violet coating
- Polycarbonate lenses for adults age 18 and older
- Tinted lenses

Plan	Examination	Lenses	Frames
A*	Every calendar year	Every other calendar year	Every other calendar year
B*	Every calendar year	Every calendar year	Every other calendar year
C**	Every calendar year	Every calendar year	Every calendar year

\* Plans A and B cover tinted pink #1 and #2 only. Basic benefits are the same on Plans A and B with the exception of frequency on lenses.

\*\* Plan C covers all tints and photochromic lenses (transition lenses).

Plan A provides lenses every 24 months, with new lenses available at a 12-month interval if there is a change in prescription.

Districts/Employee Group may offer only one SISC vision plan option and cannot be offered as a dual choice with EyeMed.

Locate a provider at: [www.vsp.com](http://www.vsp.com)

## VISION SERVICE PLAN (VSP)—SIGNATURE PLAN—ACTIVE EMPLOYEES ONLY

### 2025-2026 Monthly Rates

Single Co-pay Plans*			
Exam and Materials Co-pay	\$0	\$10	\$20
PLAN A (Exam every 12 months, lenses and frames every 24 months)			
Single	\$7.10	\$6.60	\$6.00
Two-party	\$14.20	\$13.20	\$12.00
Family	\$21.30	\$19.80	\$18.00
Composite	\$15.80	\$14.60	\$13.30
PLAN B (Exam and lenses every 12 months, frames every 24 months)			
Single	\$8.40	\$7.80	\$7.10
Two-party	\$16.80	\$15.60	\$14.20
Family	\$25.20	\$23.40	\$21.30
Composite	\$18.70	\$17.30	\$15.80
PLAN C (Exam, lenses and frames every 12 months)			
Single	\$11.50	\$10.60	\$9.70
Two-party	\$23.00	\$21.20	\$19.40
Family	\$34.50	\$31.80	\$29.10
Composite	\$25.50	\$23.60	\$21.50
Dual Co-pay Plans*			
Exam Co-pay	\$0	\$10	\$20
Materials Co-pay	\$25	\$25	\$25
PLAN A (Exam every 12 months, lenses and frames every 24 months)			
Single	\$6.00	\$5.50	\$5.00
Two-party	\$12.00	\$11.00	\$10.00
Family	\$18.00	\$16.50	\$15.00
Composite	\$13.30	\$12.30	\$11.20
PLAN B (Exam and lenses every 12 months, frames every 24 months)			
Single	\$7.10	\$6.60	\$6.00
Two-party	\$14.20	\$13.20	\$12.00
Family	\$21.30	\$19.80	\$18.00
Composite	\$15.80	\$14.60	\$13.30
PLAN C (Exam, lenses and frames every 12 months)			
Single	\$9.70	\$9.00	\$8.20
Two-party	\$19.40	\$18.00	\$16.40
Family	\$29.10	\$27.00	\$24.60
Composite	\$21.50	\$19.90	\$18.10

\* Your benefit and co-pay amounts renew on January 1.