Group Vision

All Eligible Employees

Plan design and rates

Plan 3 design summary

Vision Plan Overview	
Eligible Employees	All Full-Time United States Employees working in the United States Who Are Scheduled To Work A Minimum Of 20 Hours Per Week
Effective Date	January 1, 2026
Plan Type	Plan 3
Locating a VSP doctor	A listing is available at vsp.com or by calling 1.800.877.7195
Out-of-Network Providers	Members will receive a lesser benefit and should contact VSP at 1.800.877.7195 for more details.
Dependent Coverage Children	Children to age 26
Annual Enrollment Period	This plan includes an annual enrollment period, which provides an opportunity for late applicants to join the plan and allows for benefit changes.
Employee Coverage Contributions	Employee pays for a portion or all of the cost of Employee coverage
Dependent Coverage Contributions	Employee pays for a portion or all of the cost of Dependent coverage

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

Plan 3 Covered Expenses

Vision Insurance Schedule - Full Service			
Benefit	**Frequency**	**In-Network Member Cost**	**Out-of-Network Benefit**
Exam Services WellVision Exam®	1 per 12 months	$10	Up to $52
Laser Vision Correction Discount	Once per eye per lifetime	• Average 15% off the regular price or 5% off the promotional price. • Discounts only available from contracted facilities.	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts	1 per 12 months	$25 (lenses and frame)	 Up to $55 Up to $75 Up to $95 Up to $125 Up to $210
Lens Enhancements Standard progressive Premium progressive Custom progressive		 No cost $80 - $90 copay $120 - $160 copay Average savings of 35-40% on other lens enhancements	N/A
Frames	1 per 12 months	• $130 for the frame of your choice and 20% off the amount over your allowance	Up to $57
Elective Contact Lenses *Contact lenses are in place of lenses and frame.*	1 per 12 months	• Up to 15% savings for your contact lens exam (fitting and evaluation) • $130 for contact lenses	Up to $105
Additional Glasses and Sunglasses Discount	20% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A

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