Lochmueller Group offers **two vision plans through VSP**. Both are PPO plans with in-network and out-of-network coverage.

VISION CARRIER

VSP
1-800-877-7195 · www.vsp.com

PLAN YEAR 2027 · IN-NETWORK	BASIC PLAN	BUY-UP PLAN
EYE EXAM — EVERY 12 MONTHS		
Exam	$10 copay	$10 copay
LENSES — EVERY 12 MONTHS		
Annual benefit	Included with glasses	Included with glasses
Anti-reflective coating	Not covered	Included
Scratch-resistant coating	Not covered	Included
Progressive lenses	Basic - $0 Premium - $95-$105 Custom - $150-$175	Included
FRAMES — EVERY 24 MONTHS		
Frame allowance (extra $20 on featured frame brands)	$25 copay, up to $130	$25 copay, up to $150
CONTACT LENSES — EVERY 12 MONTHS		
Exam	Up to $60	Up to $60
Annual benefit	$130 allowance	$150 allowance

Out-of-network benefits: refer to the Summary of Benefits and Coverage.