

Vision Insurance

Lochmueller Group offers two vision plans through VSP. The vision plans are PPO plans and offer both in-network and out-of-network coverage.

VSP
1-800-877-7195
www.vsp.com

Plan Year:
January 1 – December 31, 2026

BASIC PLAN

BUY-UP PLAN

EYE EXAM	Every 12 months	
	\$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	
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 – Refer to Summary of Benefits and Coverage		
BI-WEEKLY COST FOR VISION COVERAGE (26 DEDUCTIONS PER YEAR)		
Employee Only	\$2.47	\$4.06
Employee + One	\$3.76	\$6.21
Family	\$6.75	\$11.13