2027 Vision Insurance

VISION PLAN **VSP**

Lacher offers one vision plan through VSP. The chart below provides a brief overview of the plan and your bi-weekly cost.



In-network vision benefit	You pay / allowance	Frequency
Eye exam	$10 copay	Every 12 months
Single vision, lined bifocal, trifocal lenses, standard progressive lenses	$0	Every 12 months
Premium progressive lenses	$95 – $105 copay	Every 12 months
Frames	$150 allowance + 20% off balance	Every 24 months
Contact lenses (in lieu of glasses)	$150 allowance	Every 12 months
Laser vision correction	Up to $500 savings on LASIK	Every 12 months

Bi-weekly cost per pay	Vision Plan
Team Member Only	**$3.80**
Team Member + Spouse	**$6.08**
Team Member + Child(ren)	**$6.21**
Team Member + Family	**$10.01**

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