

VSP VISION PLAN – PLAN YEAR AUGUST 1, 2026 - JULY 31, 2027

BENEFIT	FREQUENCY	IN-NETWORK BENEFIT
EYE EXAM		
Comprehensive Eye Exam	Every 12 months	\$10 copay
LENSES		
Single Vision	Every 12 months	\$10 copay
Bifocal Lenses	Every 12 months	\$10 copay
Trifocal Lenses	Every 12 months	\$10 copay
Lenticular Lenses	Every 12 months	\$10 copay
FRAMES		
Frame Allowance	Every 12 months	\$150 allowance
CONTACT LENSES (IN LIEU OF LENSES & FRAMES)		
Elective Contact Lenses	Every 12 months	\$150 allowance
Medically Necessary Contacts	Every 12 months	\$10 copay

Log in to Work to view your bi-weekly premium rates.

WHOLESOME CO PAYS

75%

of your total vision premium

VSP

[1-800-877-7195](tel:1-800-877-7195)

www.vsp.com

Find a VSP provider, access your ID card, and view your benefits online.

Glasses or contacts? You can use your benefit for contacts *or* glasses each year – not both. If you want both, you'll pay out of pocket for one.

VSP network: One of the largest vision networks in the country. Search for in-network providers at www.vsp.com to get the lowest cost.