

2026 Vision benefits



VSP Network: Choice

VSP® Choice Plans — Adult

Moda Select Bronze 8550
Coverage through a VSP Choice provider

Benefit	Description	Copay	Frequency
WellVision Exam®	<ul style="list-style-type: none"> Focuses on your eye health and overall wellness 	\$10	Every calendar year
Prescription glasses			
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames 20% savings on the amount over your allowance 	\$25	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, lenticular lenses Anti-reflective coating, polycarbonate lenses, progressive lenses, scratch resisting coating Average 20% – 25% savings on other lens enhancements 		Every calendar year
Contact lens (Instead of glasses)	<ul style="list-style-type: none"> \$0 copay \$130 allowance toward contact lens exam (fitting and evaluation) and contacts 		Every calendar year
Low vision evaluation and aids	<ul style="list-style-type: none"> Low vision tests twice every two years 75% coverage (25% coinsurance) for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years 		Please see coverage description
Extra savings			
Glasses and sunglasses	<ul style="list-style-type: none"> 20% savings on additional glasses and sunglasses, including lens enhancement, from any VSP doctor within 12 months of your WellVision Exam® 		
Contacts	<ul style="list-style-type: none"> 15% savings on a contact lens exam (fitting and evaluation) 		
Laser vision correction	<ul style="list-style-type: none"> Discounts average 15% - 20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase 		
	<i>Discounts are only available from VSP-contracted facilities. Also, custom LASIK coverage only available using wavefront technology with the microkeratome surgical device, other LASIK procedures may be performed at an additional cost to the member.</i>		

Your coverage with out-of-network providers

Contact VSP for details if you plan to see a provider other than a VSP network provider.
Member coinsurance — 50% of covered expense. Any amount above the covered expense is the member's responsibility.

VSP guaranteed coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.