

# 2026 Vision benefits



## VSP Network: Choice

### VSP® Choice Plans — Adult

Moda Select Gold 500/1000/1500/2000  
 Moda Select Silver 2500/3500/4000  
 Coverage through a VSP Choice provider

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