2026 Vision benefits





VSP Network: Choice

VSP® Elements Plans — Children

Moda Select Gold 500/1000/1500/2000

Moda Select Silver 2500/3500/4000

Moda Select Bronze 8550

Moda Select Gold 1700 HDHP

Moda Select Silver 2800/3500 HDHP

Moda Select Bronze 5950/7100 HDHP

Coverage through a VSP Choice provider

Benefit	Description	Copay	Frequency
WellVision Exam®	Focuses on your child's eye health and overall wellness	\$0	Every calendar year
Prescription glasses			
Frame	 Fully covered when you choose from our exclusive Otis & Piper™ Eyewear collection only 20% discount on other frame brands 	\$0	Every other calendar year
Lenses	Single vision, lined bifocal, lined trifocal lenses or lenticular lenses Polycarbonate, scratch-resistant coating, UV protection, progressives, blended bifocals, intermediate lenses, photochromic lenses, polarized lenses, anti-reflective coating, high index lenses Average 20% - 25% savings on other lens enhancements	\$0	Every calendar year
Contact lens (Instead of glasses)	Fully covered contact lens exam and minimum three- month supply of contacts	\$0	Every calendar year
Low vision evaluation and aids	Low vision is covered if vision loss is sufficient enough to prevent reading and performing daily activities Low vision evaluations and aids are covered in full for eligible members	\$0	Please see coverage description

Your child's coverage with out-of-network providers

Contact VSP for details, if your child plans 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.