2027 Federal Employees Dental and Vision Insurance Program (FEDVIP)

Your VSP Benefits—Packed with Value!



"Having VSP vision coverage makes it easier to prioritize your eye health and budget."

—Dr. Chinn, OD

be seen.®

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See the Difference Your Current VSP Plan Makes

With VSP® Vision Care, it's easier to care for your eyes—and overall health—with quality care, valuable benefits, and savings on exams, eyewear, and more.



Eye exams reveal more than you think.

During an eye exam, your doctor can detect signs of more than 270 health conditions, including diabetes and high blood pressure.[1] With VSP vision coverage, it's easier to prioritize both your eye health and overall health.

Real savings you can count on!

VSP members save an annual average of **$580** with the **Standard Option** plan and **$728** with the **High Option** plan when visiting network locations nationwide.[2] Plus, you can also save even more when choosing a Featured Frame Brand and by visiting a VSP Premier Edge™ location.

EXAM/EYEWEAR	WITHOUT VSP[2]	WITH VSP HIGH OPTION PLAN AT PREMIER EDGE LOCATIONS
Eye Exam	$214	$0 copay
Featured Frame Brand ($250 allowance)[3]	$250	
Single Vision Lenses	$118	
TechShield® Anti-Reflective Coatings	$161	$0
Impact-Resistant Lenses	$66	$0
Light-Reactive Lenses such as SunSync®	$144	$0
Self-Only Annual Premium (Pre-tax for Employees)	N/A	$174.72
TOTAL COST FOR SERVICES	**$953**	**$174.72**

1. Full Picture of Eye Health, American Optometric Association, 2020. **2**. Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **3**. Both the Standard Option and High Option plans include a $0 exam copay at Premier Edge locations, including Visionworks® and Eyemart Express, or a $10 exam copay at other in-network providers. The Standard Option plan includes a $200 frame allowance on Featured Frame Brands at most in-network locations or any frame at Visionworks or Eyemart Express or a $150 standard frame allowance at in-network locations including Walmart/Sam's Club. The High Option plan includes a $250 frame allowance on Featured Frame Brands at most in-network locations or any frame at Visionworks or Eyemart Express or a $200 standard frame allowance at in-network locations including Walmart/Sam's Club. **4**. Premier Edge Promise covers broken/damaged glasses or a prescription change within 12 months, or a style change within 100 days. Restrictions may apply; visit vsp.com/promise for terms and conditions.

AVERAGE ANNUAL SAVINGS[2]

$778.28

Psst...family savings will be even higher!

Get even more at Premier Edge locations at no extra cost.

$0 copay on eye exams[3]

12-month worry-free eyewear guarantee with the VSP Premier Edge Promise[4]

Premier Edge offers on frames, contacts, and lenses

Be seen—starting with the plan you choose today.

Enroll in the VSP plan that's right for you at **BENEFEDS.gov** or call **877.888.FEDS (3337)**.

Not sure which plan fits you best? Compare the Standard and High Option plans below to see which has the benefits and savings that are right for you.

If you're happy with your current plan, no action is needed—your coverage will automatically continue next year.

BENEFIT	STANDARD OPTION PLAN	COPAY
WELLVISION EXAM®	• Focuses on your eyes and overall wellness • **Fully covered at Premier Edge locations** • Every calendar year	$10 or **$0 at Premier Edge locations**
FRAMES+	• **$200 Featured Frame Brand allowance at most in-network locations OR any frame at Visionworks or Eyemart Express OR** • $150 standard frame allowance at in-network locations (including Walmart/ Sam's Club) • 20% savings on amount over the allowance and on additional eyewear • Every calendar year	$20
LENSES	• Single vision, lined bifocal, lined trifocal, and lenticular lenses • Every calendar year	
PROGRESSIVE LENSES	• **Standard progressive lenses** • Premium progressive lenses such as Unity® V3 • Custom progressive lenses	**$0** $95 – $105 $150 – $175
LENS ENHANCEMENTS+	• Anti-reflective coatings such as TechShield • **Scratch-resistant coating** • **Impact-resistant lenses** • **UV coating** • Tints • Light-reactive lenses such as SunSync® • Average 30% savings on other lens enhancements	$41 – $85 **$0** **$0** **$0** $15 – $17 $75
CONTACTS (INSTEAD OF GLASSES)	• $120 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year	Up to $55

BENEFIT	HIGH OPTION PLAN	COPAY
WELLVISION EXAM®	• Focuses on your eyes and overall wellness • **Fully covered at Premier Edge locations** • Every calendar year	**$0 for exam and/or glasses at Premier Edge locations** or $10 for exam and/ or glasses
FRAMES+	• **$250 Featured Frame Brand allowance at most in-network locations OR any frame at Visionworks or Eyemart Express OR** • $200 standard frame allowance at in-network locations (including Walmart/ Sam's Club) • 20% savings on amount over the allowance and on additional eyewear • Every calendar year	
LENSES	• Single vision, lined bifocal, lined trifocal, and lenticular lenses • Every calendar year	
PROGRESSIVE LENSES	• **Standard progressive lenses** • Premium progressive lenses such as Unity® Via II • Custom progressive lenses	**$0** $95 – $105 $150 – $175
LENS ENHANCEMENTS+	• **All TechShield anti-reflective coatings** • Other anti-reflective coatings • **Scratch-resistant coating** • **Impact-resistant lenses** • **UV coating** • **Tints** • **Light-reactive lenses such as SunSync®** • Average 30% savings on other lens enhancements	**$0** $21 – $65 **$0** **$0** **$0** **$0** **$0**
CONTACTS (INSTEAD OF GLASSES)	• **$150 allowance for contacts;** copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year	Up to $55

ADDED VALUE AVAILABLE ON BOTH PLANS

VSP KIDSCARE	• **Two exams** that focus on eye and overall wellness for dependents under age 18. • **An additional set of lenses (or contacts) is covered in the same plan year, if needed.** Minimum prescription change is required.	Copay may apply
VSP LIGHTCARE™+	• Even if you don't wear prescription glasses, **you can use your frame and lens allowance for ready-made non-prescription sunglasses or blue light filtering glasses** with VSP LightCare™ from your VSP network doctor. Like shopping online? Go to eyeconic.com/vsp, the VSP in-network, online store, and check out the wide selection of ready-made eyewear available.	Copay may apply
ESSENTIAL MEDICAL EYE CARE	• **Fully covered retinal screening** for members with diabetes and no diabetic eye disease. • Additional exams and services to treat immediate issues from pink eye to sudden changes in vision. • Coverage extends beyond routine exams to include care for urgent eye health needs and ongoing conditions such as dry eye, glaucoma, and diabetic eye disease. • Coordination with your medical insurance plan may apply. Ask your VSP network doctor for details.	**$0**
ADDITIONAL SAVINGS+	**Glasses and Sunglasses** • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP network provider within 12 months of your last WellVision Exam. Discover all current eyewear offers and savings at vsp.com/offers. **Laser Vision Correction** • Average 15% off the regular price; discounts available at contracted facilities. **VSP Member Extras** • Contact lens rebates, lens satisfaction guarantees, eye care and eyewear savings, and more at vsp.com/offers. **Retinal Screening** • No more than a $39 copay on routine retinal screening as an enhancement to your WellVision Exam for members without diabetes.	
OUT-OF-NETWORK	• Get the most out of your benefits and greater savings with a VSP in-network doctor or when you use your benefits on eyeconic.com/vsp. Call Member Services at **800.807.0764** for out-of-network plan details.	

STANDARD OPTION PLAN PREMIUMS	BI-WEEKLY	MONTHLY
SELF ONLY	$3.58	$7.76
SELF + ONE	$7.16	$15.51
SELF + FAMILY	$10.75	$23.29

HIGH OPTION PLAN PREMIUMS	BI-WEEKLY	MONTHLY
SELF ONLY	$6.72	$14.56
SELF + ONE	$13.46	$29.16
SELF + FAMILY	$20.19	$43.75

+Coverage with a retail chain may be different or not apply.

Benefits Designed Around You

Essential Medical Eye Care
Coverage includes emergency eye health needs.

Eyewear for everyone
Protect your eyes from the sun and filter blue light with VSP LightCare, even if you don't wear prescription glasses.

More savings and discounts
Save on contact lenses, LASIK, and more at vsp.com/offers.

Save on lens enhancements
Our **High Option Plan** fully covers TechShield® anti-reflective coatings and SunSync® light-reactive lenses. Both plans include full coverage for impact-resistant lenses, standard progressives, scratch-resistant coating, and UV protection.

Shop online and save
Save 20% on eyewear just for being a VSP member when you connect your benefits and shop glasses, contacts, and sunglasses at Eyeconic®, the VSP in-network online eyewear store.

Look for the VSP heart logo
Get **an additional $50** to spend on Featured Frame Brands at most in-network locations or **any frame** at Visionworks® or Eyemart Express®—just look for the VSP heart logo on the lens.



Questions? Visit choosevsp.com or call **800.807.0764**.

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Availability of VSP Premier Edge may vary. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

VSP guarantees member satisfaction from VSP 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. Based on applicable laws, benefits may vary by location.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Classification: Public
SDC05001 9/26