

# EMP, LLC 2024-2026

## Vision Insurance Comparison

### In-Network Benefits Plan Comparison

<b><i>Benefit Description</i></b>	<b>VSP Choice Best</b>
<b><i>In-Network Copayments</i></b>	
Exam	\$20 Copayment
Materials(Lenses & Frames)	\$20 Copayment
<b><i>Frequencies</i></b>	
Exam	1 X per 12 Months
Lenses	1 X per 12 Months
Frames	1 X per 24 Months
<b><i>Frame Allowance</i></b>	
Allowance	\$200 Allowance
<b><i>glasses) - standard lenses Allowance</i></b>	
Allowance	\$200 Allowance
<b><i>Out-of-Network Reimbursement</i></b>	
Exam	\$45 Allowance
Single Lenses	\$30 Allowance
Bifocal Lenses	\$50 Allowance
Trifocal Lenses	\$65 Allowance
Frames	\$70 Allowance
Elective Contacts	\$105 Allowance
<b>Benefit Tier</b>	<b>Rates</b>
Employee Only	\$9.22
Employee & Spouse	\$14.75
Employee & Child(ren)	\$15.05
Family	\$24.27