

Vision Insurance

Lacher offers one vision plan through VSP. The chart below provides a brief overview of the plan.

VSP

1-800-877-7195

www.vsp.com

**Plan Year: December 1, 2024 –
December 31, 2025**

Vision Plan

IN-NETWORK	
EYE EXAM	Every 12 months \$10 copay
LENSES	Every 12 months
Single vision, lined bifocal, trifocal lenses, standard progressive lenses	\$0
Premium progressive lenses	\$95 - \$105 copay
FRAMES	Every 24 months \$150 allowance + 20% off balance
CONTACT LENSES	Every 12 months
In lieu of glasses	\$150 allowance
LASER VISION CORRECTION	Every 12 months Up to \$500 savings on LASIK

BI-WEEKLY COST FOR VISION COVERAGE	
Team Member Only	\$3.80
Team Member + Spouse	\$6.08
Team Member + Child(ren)	\$6.21
Team Member + Family	\$10.01