

Vision Insurance

Bearing & Drive Solutions offers one vision plan through VSP.

VSP

1-800-877-7195

www.vsp.com

**Plan Year: March 1, 2026
– February 28, 2027**

IN-NETWORK

FREQUENCY

EYE EXAM		
Well Vision	\$10 copay	Every plan year
Essential Medical Eye Care	\$0 per screening \$20 per exam	Available as needed
LENSES		
Lenses	\$25 copay Single Vision, lined bifocal, and lined trifocal lenses	Every plan year
Lens Enhancements	\$25 copay \$0 for Standard progressive lenses \$95-105 for Premium progressive lenses \$150-\$175 for Custom progressive lenses	Every plan year
FRAMES		
	\$25 copay \$200 allowance + 20% off remaining balance	Every other plan year
CONTACT LENSES		
	Up to \$60 copay \$130 allowance	Every plan year
BI-WEEKLY COST FOR VISION		
Employee	\$2.94	
Employee + One	\$4.27	
Employee + Two or more	\$7.66	