

Utah: 2025 Individual Vision Plan Comparison



	VSP Plus 10-210		VSP Plus 10-160		VSP Plus 10-130	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	VSP Choice Plus		VSP Choice Plus		VSP Choice Plus	
Well Vision Exam	\$10 Copay	Up to \$65	\$10 Co-pay	Up to \$65	\$10 Co-pay	Up to \$65
Lenses (glass or plastic)						
Single vision	\$10 Co-pay	Up to \$30	\$10 Co-pay	Up to \$30	\$10 Co-pay	Up to \$30
Lined bifocal	\$10 Co-pay	Up to \$50	\$10 Co-pay	Up to \$50	\$10 Co-pay	Up to \$50
Lined trifocal	\$10 Co-pay	Up to \$65	\$10 Co-pay	Up to \$65	\$10 Co-pay	Up to \$65
Lenticular	\$10 Co-pay	Up to \$100	\$10 Co-pay	Up to \$100	\$10 Co-pay	Up to \$100
Lens Options						
Progressive (std. no-line)	\$0 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)	\$0 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)	\$0 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)
Premium progressive options	\$95 - \$105 Co-pay		\$95 - \$105 Co-pay		\$95-\$105 Co-pay	
Custom progressive options	\$150-\$175 Co-pay		\$150-\$175 Co-pay		\$150-\$175 Co-pay	
Plastic gradient dye	\$17 Co-pay	N/A	\$17 Co-pay	N/A	\$17 Co-pay	N/A
Solid plastic dye	\$15 Co-pay		\$15 Co-pay		\$15 Co-pay	
Photochromic lenses	\$75 Copay		\$70 SV/\$82 Multi		\$70 SV / \$82 Multi	
Polycarbonate for adults	\$31 SV/\$35 Multi		\$31 SV/ \$35 Multi		\$31 SV / \$35 Multi	
Polycarbonate for child (under 18)	\$0 Copay		\$0 Co-pay		\$0 Co-pay	
Coatings						
Scratch resistant	\$17 Co-pay	N/A	\$17 Co-pay	N/A	\$17 Co-pay	N/A
Anti-reflective	\$41 Co-pay		\$41 Co-pay		\$41 Co-pay	
UV protection	\$16 Co-pay		\$16 Co-pay		\$16 Co-pay	
Additional lens enhancements	Up to 25% Discount		Up to 25% Discount		Up to 25% Discount	
Frames						
Allowance based on retail (Costco, Sam's Club, or Walmart)	\$210 allowance at VSP doctor or \$110 at retail.	Up to \$90	\$160 allowance at VSP doctor or \$90 at retail.	Up to \$80	\$130 allowance at VSP doctor or \$70 at retail.	Up to \$80
Additional pairs**			Discount-Up to 20% off Retail	N/A	Discount-Up to 20% Retail	N/A
Elective Contact Lenses In Lieu of Frames & Lenses (contact lens fitting, evaluation services and prescription contact lenses are covered up to plan allowance. 15% discount given off contact lens fitting evaluation services, excluding materials).						
	\$210 Allowance	Up to \$90	\$160 Allowance	Up to \$145	\$130 Allowance	Up to \$115
Frequency - Exams, Lenses, Frames or Contacts, Every 12 Months, All Plans						
Refractive Surgery - Lasik, Up to \$500 in Savings in-network, All Plans						
Monthly Rates						
Subscriber	\$12.70		\$10.70		\$9.20	
Subscriber +1	\$24.80		\$20.80		\$17.90	
Subscriber +2 or more	\$39.30		\$33.00		\$28.50	