

# Association Vision Plan

Effective December 1, 2025 to November 30, 2026

Vision Benefit	VSP Vision Care
	In-Network
Co-Pay Exams	\$10
Co-Pay Material	\$25
Exam	One Every 12 months
Lenses (per pair)	Once every 12 months
Frames	Once every 24 months
Frame Retail Allowance	\$150.00
Contact Lenses	Once every 12 months
*Contact lenses are in lieu of frames	Up to \$150.00
Rates	VSP Vision Care
Employee Only	\$8.40
Employee / Spouse	\$15.84
Employee / Children	\$16.85
Family	\$26.33
Administered through Cypress Ancillary Benefits	