

# Vision Insurance

Clemens Food Group offers one vision plan through VSP, which is included with the CFG medical plan. The plan allows you to use in-network or out-of-network benefits. If out-of-network providers are used, you will be responsible to pay the difference between VSP's allowed amount and what the provider may charge, also known as "balance billing." The chart below provides a brief overview of the plan.

## VSP

1-800-877-7195

[www.vsp.com](http://www.vsp.com)

### Plan Year:

May 1, 2026 – April 30, 2027

### In-Network

### Out-of-Network

|   | In-Network  | Out-of-Network   |
|---|---|--|
| <b>EYE EXAM</b>   | Every 12 months   |  |
|   | \$0 copay   | Up to \$45 reimbursement   |
| <b>LENSES</b>   | Every 12 months   |  |
| Single Vision, Bifocal Lenses, Trifocal Lenses, Lenticular Lenses | \$0 copay   | Reimbursement up to:<br>Single – \$30<br>Bifocal – \$50<br>Trifocal – \$65<br>Lenticular – \$100 |
| <b>FRAMES</b>   | Every 12 months   |  |
|   | Up to \$150 allowance, plus a 20% discount on any overage | Up to \$70 reimbursement   |
| <b>CONTACT LENSES (elective)</b>                                  | Every 12 months   |  |
| Fitting and Evaluation  | \$60 copay, plus 15% discount on services                 | Up to \$105 reimbursement  |
| Materials   | Up to \$150 allowance                                     | Up to \$150 allowance  |
| <b>SAFETY GLASSES (for Team Members only)</b>                     | Every 12 months   |  |
| Frames  | Covered in full when using a Visionworks provider*        | N/A  |
| Standard Lenses   | Covered in full with any provider                         | N/A  |

\*If you choose to use a non-Visionworks provider, your benefit is up to a \$65 allowance, plus a 20% discount on any overage.