



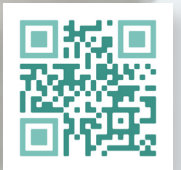
An Amwins Company



# vision care

## 2026 PRODUCT & RATE GUIDE

For plans effective January 1, 2026 - December 31, 2026



**COPOWER SELECT**

# VSP® Through CoPower

## Why CoPower?

Your clients are unique, and their needs vary. With our comprehensive portfolio, you're the architect for your client's benefit program. At CoPower, we take a holistic approach to providing exceptional ancillary benefit solutions that redefine industry standards. We believe that the experience matters. With a history of serving thousands of employer groups, their employees, and family members, we take pride in providing tailored coverage options delivered through a concierge-style experience.

## Why VSP?

VSP® Vision Care puts members first and guarantees satisfaction. As the only national not-for-profit vision care company, VSP invests in the things you value most—the best care at the lowest out-of-pocket costs.

## Why Vision Insurance?

*Vision is more critical to a benefits package than you would think.* Employees who have a vision benefit are nearly twice as satisfied with their benefits – and are more than twice as likely to say benefits are a reason they stay with their employer.<sup>3</sup>

## Putting Eyes at Ease with VSP LightCare™

CoPower prioritizes the holistic well-being of every employee by including VSP LightCare™ in all our plan offerings.

LightCare with a VSP network doctor includes a fully covered comprehensive eye exam, known as the WellVision Exam®. Members choose between prescription eyewear coverage or use their allowance for ready-to-wear eyewear, such as non-prescription, 100% UVA and UVB protection sunglasses or blue light filtering glasses to combat digital eye strain.

### EasyOptions Upgrades

\$300 Frame allowance  
or

\$250 Contact Lens allowance  
or

Covered Anti-reflective coating  
or

Covered Light-reactive lenses  
or

Covered Progressives

## A Vision Plan With A Personalized Twist

**Everyone's eyes are different.** So how do you offer a vision plan that meets all employees and their dependents' needs? It's easier than you think. VSP EasyOptions makes customized coverage a breeze.

**Personalized Coverage for All.** Members in the plan get comprehensive vision coverage they would expect, like eye exams, glasses, and savings on lens upgrades. Plus, with VSP EasyOptions, members get to choose coverage from a variety of covered upgrades during their in-network doctor's visit.



3 in 4

Adults need vision correction<sup>1</sup>



1 in 4

Children need vision correction<sup>1</sup>



9 in 10

Employees say visual issues affect their quality of work<sup>2</sup>

**For less hassle and more happy, choose VSP.**

<sup>1</sup>The Vision Council's™s December 2021 VisionWatch Vision Correction and Frame Reports.

<sup>2</sup>CDC, National Center for Health Statistics, National Health Interview Survey, 2019.

<sup>3</sup>hbr.org: Why Vision Care Belongs at the Core of Your Company's Healthcare Benefits; Oct 2022

# VSP Plans For Groups of 2 or More Employees

Based on industry insights and over 30 years of experience, CoPower is proud to offer five of the most desired VSP plan designs that are guaranteed to meet the majority of your clients' needs. All plans include the VSP LightCare benefit, and are available in voluntary and contributory options. And with simple eligibility and enrollment requirements, it's easy to provide essential vision benefits no matter the group size or budget!

Choice Network					
Plan Name	B \$150 \$20/\$20	B \$180 \$10/\$25	C \$150 \$10/\$25	C \$180 \$10	C \$200/\$300 Easy Options
Annual Copayment (Exam)	\$20	\$10	\$10	\$10	\$10
Annual Copayment (Materials)	\$20	\$25	\$25	\$0	\$25
Frames Allowance	\$150	\$180	\$150	\$180	\$200/\$300
Costco/Walmart/Sam's Frame Allowance	\$80	\$100	\$80	\$100	\$110
Contact Lenses (Instead of glasses)	\$150	\$180	\$150	\$180	\$200/\$250
VSP LightCare	\$150	\$180	\$150	\$180	\$200
Frequency Of Services (Months)					
Eye Exam	12	12	12	12	12
Lenses	12	12	12	12	12
Frame	24	24	12	12	12
Contact Lenses	12	12	12	12	12
Benefits (In-Network)					
Thorough Eye Exam			Full*		
Contact Lens Examination			Full**		
Single Vision			Full*		
Bifocal			Full*		
Trifocal			Full*		
Lenticular			Full*		
Benefits (Out-Of-Network)					
Frames Allowance			\$70***		
Contact Lenses			\$105***		
Thorough Eye Exam			\$45***		
Single Vision			\$30***		
Bifocal			\$50***		
Trifocal			\$65***		
Lenticular			\$100***		

\*Covered in full after copay \*\*Covered in full after copay (up to \$60) \*\*\*Reimbursed up to

## Setting a New Standard

VSP has raised the bar as the only vision care company to offer **covered-in-full standard progressive lenses** - at no extra cost. Now employees have one more option to enjoy clear, precise vision at an exceptional value.

Members save more than \$463 annually with a VSP network doctor.<sup>3</sup>

<sup>3</sup> Comparison based on national average for comprehensive eye exams and most commonly purchased brands. Out-of-network reimbursements may vary.

## Contributory Plan Rates

Group Size	2-24			25-49			50+		
	EE	EE+1	EE+2	EE	EE+1	EE+2	EE	EE+1	EE+2
Choice Plan B \$150 \$20/\$20	\$6.90	\$11.25	\$20.75	\$6.70	\$10.80	\$19.95	\$6.50	\$10.45	\$19.30
Choice Plan B \$180 \$10/\$25	\$8.10	\$12.85	\$24.00	\$7.75	\$12.35	\$23.00	\$7.50	\$11.95	\$22.30
Choice Plan C \$150 \$10/\$25	\$9.30	\$14.75	\$27.50	\$8.90	\$14.15	\$26.40	\$8.60	\$13.70	\$25.55
Choice Plan C \$180 \$10	\$10.55	\$16.60	\$31.00	\$10.15	\$15.95	\$29.75	\$9.80	\$15.45	\$28.80
Choice Plan C \$10/\$25 \$200/\$300 (EasyOptions)	\$12.65	\$19.85	\$37.10	\$12.15	\$19.05	\$35.60	\$11.75	\$18.45	\$34.50

Rates are based on the number of enrolled employees.

## Voluntary Plan Rates

Group Size	2-24			25-49			50+		
	EE	EE+1	EE+2	EE	EE+1	EE+2	EE	EE+1	EE+2
Choice Plan B \$150 \$20/\$20	\$7.05	\$11.45	\$21.15	\$6.75	\$11.00	\$20.30	\$6.55	\$10.65	\$19.65
Choice Plan B \$180 \$10/\$25	\$8.45	\$13.35	\$24.70	\$8.10	\$12.80	\$23.70	\$7.85	\$12.40	\$22.95
Choice Plan C \$150 \$10/\$25	\$9.65	\$15.20	\$28.20	\$9.25	\$14.60	\$27.05	\$8.95	\$14.15	\$26.20
Choice Plan C \$180 \$10	\$11.10	\$17.60	\$31.55	\$10.65	\$16.90	\$30.30	\$10.35	\$16.35	\$29.30
Choice Plan C \$10/\$25 \$200/\$300 (EasyOptions)	\$13.25	\$20.95	\$38.75	\$12.70	\$20.10	\$37.15	\$12.30	\$19.50	\$36.00

Rates are based on the number of enrolled employees.

<sup>1</sup> An employer-paid \$15 monthly administration fee applies. Fee is discounted to \$10 per month for new groups with 2-4 employees for the first year only.

## VSP Network Providers *Up to 119K Access Points*

With VSP, employees don't have to compromise when selecting a vision care provider. They can choose between a huge network of independent private practice doctors, popular retailers, and even an online option. More options mean it's easy for your employees to find their perfect fit with VSP.

### VSP Premier Edge™, Private Practice and Retail

- VSP Premier Edge™ locations, where employees can maximize their benefits, include both private practice doctors and more than 700 Visionworks® retail locations nationwide
- Largest network of independent doctors
- 24-hour access to emergency care

## Buy Online, Anytime with Eyeconic®!

VSP members can shop the latest designer glasses and name brand contacts online at eyeconic.com® with their VSP benefits.

### Participating Retail Chains

In addition to Visionworks®, your employees have access to over 29,000 retail access points nationwide such as Costco Optical. Members can enjoy a covered-in-full benefit experience at any of the participating retail chain locations.





PROGRAM GUIDELINES	
<b>Group Size</b>	2 to 1000 employees
<b>Contribution</b>	Contributory: 50% or more Employer Contribution Voluntary Rules: 0-49% Employer Contribution
<b>Participation</b>	Contributory: Minimum 50% participation and minimum 2 enrollees Voluntary: Minimum 2 enrollees
<b>Rate Guarantee</b>	24 months
<b>Group Eligibility</b>	Groups currently enrolled with VSP are eligible for administration through CoPower.
<b>Eligible Employees</b>	Full-time, permanent employees working 30 or more hours per week
<b>Waiting Period for Services</b>	None
<b>Out-of-State</b>	No limit on number of out-of-state employees
<b>Overage Dependents</b>	Up to age 26
<b>Carve-Outs</b>	Yes, any type of carve-out is allowed such as Union/Non-union, Management/Non-management, Salaried/Hourly
<b>1099 Employees</b>	Yes, if the 1099 employee is covered in the group medical plan
<b>Product Combinations</b>	Only one plan per group allowed
<b>Open Enrollment</b>	Yes, for both Contributory and Voluntary plans. Unenrolled employees & dependents may enroll at group anniversary. 100% Employer Paid plans do not have open enrollment, require 100% participation and waivers.
<b>Administrative Fees</b>	\$15 per month (2-4 Groups receive a 1 year discounted rate of \$10)

## Additional Benefits

### VSP's Essential Medical Eyecare Program

Members have access to supplemental coverage for urgent and medical eye care. As VSP's most robust medical eye care plan, coverage includes:

- Covered-in-full retinal screening for members with diabetes
- Additional exams and services that diagnose and monitor diabetic eye disease, glaucoma, cataracts and more
- Treatment for dry eye disease, pink eye, eye injury, and foreign body removal
- Tests for sudden changes in vision

When the VSP network doctor participates in the medical insurance plan's network, your medical insurance will be billed. Members may be able to coordinate with their VSP benefits to help reduce out-of-pocket costs. If the VSP doctor doesn't participate with the medical insurance plan, the member only pays the \$20 copay for the medical eye exam.

### VSP Exclusive Member Extras: \$3,000+ in Additional Savings

As VSP members, your employees can take advantage of exclusive savings on everything from designer glasses to hearing aids to movie tickets. We've got savings for everyone!

#### Vision

- Rebates and savings on glasses, sunglasses, and contact lenses.
- Discounts on laser vision surgery
- Extra \$20 to spend on Featured Frame Brands

#### Health

- Save up to 60% on a pair of prescription and over-the-counter hearing aids with TruHearing™
- Telehealth, prescription drugs, and diabetic care services

#### Lifestyle

- Movie tickets, theme parks, and lodging

## Why Everyone Needs Vision Care

The right vision benefit can improve employee health and productivity, while lowering healthcare costs

**1 in 10**

**Americans** have not had an eye exam in five years or more.<sup>1</sup>

**6 in 10**

**VSP Members\*** are 4x more likely to visit their eye doctor than their primary care doctor.<sup>2</sup>

**In 66%** of cases

**VSP Doctors** were the first to identify diabetes.<sup>3</sup>

**\$1,800** per person

**Estimated one-year** cost avoidance for VSP members with diabetes vs. members of other vision plans.<sup>3</sup>

## Increased Employee Satisfaction

**70% of employees** believe that vision care is a must-have benefit.<sup>4</sup>

**9 out of 10** VSP members plan to re-enroll.<sup>5</sup>

**VSP Member Promise Satisfaction Guarantee**  
Your employees will be happy or we'll make it right.

Sources: 1. NVision Eye Centers, 2021. 2. VSP utilization data, Commercial Markets 2019. 3. Workpartners study, 2021. 4. MetLife's U.S. Employee Benefit Trends Study, 2023. 5. Q4, 2022 Patients Ratings.

## Enrollment Checklist

- VSP groups must be submitted by the first of the month of the effective date of coverage.
- CoPower SELECT Employer Application
- List of enrollee names, social security numbers, dates of hire, dates of birth, and dependent information (name, gender, and date of birth). Use the CoPower Complete Census (All Carriers)
  - Enrolling employees may also complete the CoPower Employee Enrollment/Change Form – All Plans
- Waivers from employees with other group coverage for 100% Employer Paid Plans only

*DE-9C is not required*

While the information provided in this guide is believed to be accurate as of the print date, it is subject to change without notice. For the most up-to-date rates and information, contact CoPower.

The benefit information contained in this booklet is summary in nature. It does not include all services, limitations or exclusions. Please refer to the carrier's Evidence of Coverage or Certificate of Insurance documents for terms and conditions of coverage.

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## Plan Administration

### CoPower

2677 N. Main Street, Suite 800  
Santa Ana, CA 92705

**T:** 888.920.2322

**E:** copower.sales@amwins.com

**www.copower.com**

## Carrier Contact Information

### VSP

800.877.7195

**www.vsp.com**