



Vision Benefits

Administered by VSP Vision · Plan Year October 1, 2025 – September 30, 2026

SynaTek offers vision coverage through **VSP Vision**. Visit a VSP VBA Participating Provider to receive the highest level of in-network benefits. Use the VSP website or app to find a provider near you before your appointment.

 EYE EXAM COPAY \$20 Well vision exam every 12 months	 FRAMES COPAY \$25 Every 24 months	 CONTACT LENS ALLOWANCE \$130 Every 12 months	 STANDARD LENSES \$0 Single, bifocal, trifocal & standard progressive
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IN-NETWORK COVERAGE	VBA PARTICIPATING PROVIDERS
EYE EXAMS	
Well Vision Exam Every 12 months	\$20 copay
FRAMES	
Frames Every 24 months	\$25 copay
LENSES	
Single Vision Every 12 months	\$0
Bifocal Every 12 months	\$0
Trifocal Every 12 months	\$0
Standard Progressive Every 12 months	\$0
Premium Progressive Every 12 months	\$95 – \$105
CONTACT LENSES	
Contact Lenses (in lieu of glasses) Every 12 months	\$130 allowance

Per-Paycheck Deductions (26 Pay Periods)

Coverage Tier	Vision
Employee Only	Employer Paid
Employee + Spouse	Employer Paid
Employee + Child(ren)	Employer Paid
Employee + Family	Employer Paid

VSP VISION  1-800-877-7195	WEBSITE www.vsp.com
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