Vision Insurance

Penn Valley Gas offers one vision plan through VSP. The vision plan is a PPO plan, and it offers both in-network and out-of-network coverage.

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

Plan Year: November 1, 2025 – October 31, 2026	**Vision Plan**
EYE EXAM	Every 12 months
	$10 copay
FRAMES	Every 24 months
	$25 copay; $130 allowance; 20% savings on the amount over your allowance; $70 Costco frame allowance
LENSES	Every 12 months
Single Vision, Bifocal, and Trifocal	$25 copay
Premium progressive	$95 - $105 copay
Custom progressive	$150 - $175 copay
CONTACT LENSES	Every 12 months
In lieu of glasses	$130 allowance
Exam	Up to $60 copay
OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage	

BI-WEEKLY COST FOR VISION COVERAGE	
Employee Only	$0.00
Employee + Spouse	$0.00
Employee + Child(ren)	$0.00
Employee + Family	$0.00