

Your VSP Vision Benefits Summary:
Walmart/Sam's Club Comparison



Lam Research **Base Plan**
 Provider Network: VSP Signature
 Effective Date: 01/01/2026

Benefit	Description	Frequency	In Network VSP Provider	Walmart Sam's Club
EXAM				
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	Every Calendar Year	\$10 copay \$0 copay	\$10 copay Not available
Essential Medical Eye Care	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	Available as Needed	\$20 copay per exam	Not available
EYEWEAR BENEFITS				
One pair of glasses (lenses and frame) OR LIGHTCARE™†				
Frame*	<ul style="list-style-type: none"> Featured Frame Brands † ‡ allowance Frame allowance 20% savings on the amount over your allowance 	Every Other Calendar Year	\$170 \$150 Included within copay	Not applicable \$80 Not available
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Every Calendar Year	Included within copay	Included within copay
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses UV protection Anti-glare coating (includes blue-light filtration) Premium and custom progressive lenses Average savings of 40% on other lens enhancements 	Every Calendar Year	\$0 \$0 \$20 \$80-\$160 Included within copay	\$0 \$0 Walmart U&C* Walmart U&C* Not available
VSP LIGHTCARE™† (INSTEAD of prescription materials)	<ul style="list-style-type: none"> \$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts. 	Every Other Calendar Year	Included within copay	Not available
Elective Contacts (INSTEAD of glasses OR LightCare)	<ul style="list-style-type: none"> Contact allowance Contact lens exam (CLEX) fitting and evaluation 	Every Calendar Year	\$150 Up to \$60	\$150 Walmart U&C*
COMPUTER VISIONCARE™				
Employee only coverage				
Computer Vision Exam	<ul style="list-style-type: none"> Evaluates your needs related to computer use 	Every Calendar Year	\$10 copay	Not applicable
Frames	<ul style="list-style-type: none"> \$170 Featured Frame Brand allowance* \$150 frame allowance 20% savings on the amount over your allowance 	Every Other Calendar Year	Included within copay	Not available
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and occupational lenses with anti-glare coating covered-in-full 	Every Calendar Year	Included within copay	Not available

† Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

‡ Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+ Coverage with a retail chain may be different or not apply.

* "U&C" – Usual and customary, determined by location/provider.