

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



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

Benefit	Description	Frequency	In Network VSP Provider	Walmart Sam's Club
<b>EXAM</b>				
<b>Wellvision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> </ul>	Every Calendar Year	\$10 copay \$0 copay	\$10 copay Not available
<b>Essential Medical Eye Care</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>	Available as Needed	\$20 copay per exam	Not available
<b>EYEWEAR BENEFITS</b>				
TWO pairs of glasses (lenses and frame) <b>OR</b> LIGHTCARE™†				
<b>Frame*</b>	<ul style="list-style-type: none"> <li>Materials Copay</li> <li>Featured Frame Brands † ‡ allowance</li> <li>Frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	Every Calendar Year	\$10 per pair \$220 \$200 Included w/ copay	\$10 per pair Not applicable \$110 Not available
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> </ul>	Every Calendar Year	Included within copay	Included within copay
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>UV protection</li> <li>Tint/Light-reactive lenses</li> <li>Impact-resistant lenses</li> <li>Anti-glare coating (includes blue-light filtration)</li> <li>Premium and custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	Every Calendar Year	\$0 \$0 \$0 \$0 \$20 \$40	\$0 \$0 \$0 \$0 Walmart U&C* Walmart U&C* Not available
<b>VSP LIGHTCARE™†</b> <small>(Applies to first and/or second pair of eyewear benefits)</small>	<ul style="list-style-type: none"> <li>\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.</li> </ul>	Every Calendar Year	\$10	Not available
<b>Elective Contacts</b> <small>(INSTEAD of one pair of glasses OR LightCare)</small>	<ul style="list-style-type: none"> <li>Contact allowance</li> <li>Contact lens exam (CLEX) fitting and evaluation</li> </ul>	Every Calendar Year	\$550 \$50	\$550 Walmart U&C*
<b>COMPUTER VISIONCARE™</b>				
Employee only coverage				
<b>Computer Vision Exam</b>	<ul style="list-style-type: none"> <li>Evaluates your needs related to computer use</li> </ul>	Every Calendar Year	\$10 copay	Not applicable
<b>Frames</b>	<ul style="list-style-type: none"> <li>\$170 Featured Frame Brand allowance*</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	Every Calendar Year	Included within copay	Not available
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses with anti-glare coating covered-in-full</li> </ul>	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.