



COLORADO
PERA®

Prioritize Your Health and Budget



Enroll with VSP through PERACARE by 11/19/26.

For more savings and enhanced coverage options, enroll in the PPO#1 plan during open enrollment. Take a look at the chart below to compare the PPO#2 plan options to the upgraded options of the PPO#1 plan and choose the one that is right for you. **Check your vision benefits summary for full details.**

	WITH THE VSP PPO#2 PLAN	WITH THE VSP PPO#1 PLAN
WellVision Exam*	\$25 copay Every calendar year	\$10 copay Every calendar year
Prescription Glasses	\$25 copay	\$25 copay
Frame ¹	\$115 frame allowance Every other calendar year	\$160 frame allowance Every calendar year
Single Vision, Lined Bifocal, Lined Trifocal, and Standard Progressive Lenses	Included in prescription glasses	Included in prescription glasses
Impact-resistant Lenses for Children Covered-in-full		
Contact Lenses (Instead of Glasses)	\$0 copay \$105 allowance for contacts; copay does not apply Every calendar year	\$0 copay \$160 allowance for contacts; copay does not apply Every calendar year
VSP EasyOptions ¹ (Members can choose one upgrade)	Not covered	An additional \$90 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$40 contact lens allowance Every calendar year

See why 9 out of 10
VSP® Vision Care
members are happy
saving more with
VSP coverage.²



Scan the QR code
or visit
peracare.vspforme.com
to learn more.

Get great eye care with a hefty side of savings when you
upgrade your plan between **10/19/26 - 11/19/26.**

vsp.com | 800.877.7195 (TTY: 711)

¹. Coverage with a retail chain may be different or not apply. ². Patient Satisfaction Study, VSP Vision, 2025

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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