



VSP Supplemental Vision Plan

Administered by Vision Service Plan

Covered Services	In- Network	Out-Of-Network
Exam	\$10 copay \$60 Copay (Contact Lenses)	Up to \$45
Frames	Up to \$130 (Retail Frames) Up to \$150 (Featured Frame)	Up to \$50
Standard Plastic Lenses		
Single/Bifocal/Trifocal/Lenticular Lenses	Covered at 100% after \$25 copay	\$30 up to \$75
Contact Lenses (in lieu of Glasses)		
Conventional	Up to \$130	Up to \$100
Medically Necessary	Covered at 100%	Up to \$210
Frequency		
Examination		12 Months
Lenses and Contacts		12 Months
Frames		24 Months

Finding a Participating Vision Provider

Create an account at vsp.com and review your personalized benefit information

You can find a VSP in-network doctor by visiting vsp.com or calling **800.877.7195**

- **Click “Find a Doctor”**
- **Search by Location, by Office or By Provider Name**
- At your appointment, simply tell them you have VSP. No ID card needed as VSP doesn't issue cards

*Employees enrolling into any of our Medical Plans will have the benefit of an annual eye exam with a \$10 copay. If you would like additional vision coverage, you and your family can enroll in the VSP supplement plan shown above.

Your VSP Plan Highlights

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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
Frame Allowance	<ul style="list-style-type: none"> • \$130 Frame allowance (or \$150 Featured Frame allowance) every 24 months or • LightCare benefit for non-prescription coverage \$130 frame allowance
Lenses (every calendar year)	<ul style="list-style-type: none"> • Single vision, lined bifocal, or lined trifocal lenses for adults \$25 Copay included in glasses • Impact-resistant lenses for dependent children
Lens Enhancements	<ul style="list-style-type: none"> • Standard Progressive lenses covered in full • 20-25% savings on lens enhancements like Scratch-resistant coating, UV protection, Anti-glare coatings
Contact Lens Allowance (instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts lenses and copay up to \$60 for contacts lens exam (fitting and evaluation)
Retinal Imaging	<ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal imaging as an enhancement to a WellVision Exam