



# 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
<b>Standard Plastic Lenses</b>		
Single/Bifocal/Trifocal/Lenticular Lenses	Covered at 100% after \$25 copay	\$30 up to \$75
<b>Contact Lenses (in lieu of Glasses)</b>		
Conventional	Up to \$130	Up to \$100
Medically Necessary	Covered at 100%	Up to \$210
<b>Frequency</b>		
Examination		12 Months
Lenses and Contacts		12 Months
Frames		24 Months

## Finding a Participating Vision Provider

Create an account at [vsp.com](http://vsp.com) and review your personalized benefit information

You can find a VSP in-network doctor by visiting [vsp.com](http://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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- 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

- **\$130** Frame allowance (or \$150 Featured Frame allowance) every **24** months or
- **LightCare** benefit for non-prescription coverage **\$130** frame allowance

- Single vision, lined bifocal, or lined trifocal lenses for adults **\$25** Copay included in glasses
- Impact-resistant lenses for dependent children

- Standard Progressive lenses covered in full
- **20-25%** savings on lens enhancements like Scratch-resistant coating, UV protection, Anti-glare coatings

- **\$130** allowance for contacts lenses and copay up to **\$60** for contacts lens exam (fitting and evaluation)

- No more than a **\$39** copay on routine retinal imaging as an enhancement to a WellVision Exam