

VISION

VSP | PLAN OVERVIEW

Under this plan, you may use the eye care professional of your choice. However, when you visit a participating in-network provider, you receive higher levels of coverage. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form for reimbursement.

	IN-NETWORK <i>VSP Signature Network</i>	OUT-OF-NETWORK
PLAN FEATURES		
Vision Exam	\$25 copay	Up to \$50
COVERED SERVICES – LENSES / FRAMES		
Single Lenses	Included with Exam copay	Up to \$50
Bifocals	Included with Exam copay	Up to \$75
Trifocals	Included with Exam copay	Up to \$100
Progressive	\$50 copay	Up to \$75
Frames	\$130 retail allowance, plus 20% on remaining balance	Up to \$70
COVERED SERVICES – CONTACTS		
Contact Lenses	\$130 retail allowance	Up to \$105
Contact Lens Evaluation Fitting	Up to \$60	No discounts
BENEFIT FREQUENCY		
Exams	Once every 12 Months	
Lenses	Once every 12 Months	
Frames	Once every 24 Months	
Contacts	Once every 12 Months (contacts in lieu of frames/lenses)	



Did you know your eyes can tell an eye care provider a lot about you?

In addition to eye disease, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

Need to locate a participating In-Network provider?

Visit www.vsp.com/find-eye-doctors
Search by location, doctor name, or office
name.