

Vision care plan

You have the option to enroll in the Vision Service Plan (VSP), which provides coverage for vision care expenses, including exams, lenses, frames, and contact lenses. As a participant in this plan, you can receive services from any VSP network provider or out-of-network provider. However, you get the best value when you visit an in-network provider.

For a full list of in-network providers, go to the VSP Web site at www.vsp.com, click on the “Members and Consumers” link, then log in using the last four digits of your Social Security number and your full name. When you call for an appointment, be sure to tell the doctor that you’re a VSP member so the provider can get all the necessary paperwork from VSP before your visit. You will not need to submit a reimbursement claim form.

Vision care overview table

This table shows the benefits you’ll receive under the VSP.

VISION SERVICE PLAN			
	In-network		Out-of-network
	You pay	Plan pays	Plan reimburses
Annual eye exam (once every 12 months)	\$10 copay	100% after copay	Up to \$42
Lenses (once every 12 months) <ul style="list-style-type: none">• Single.• Lined bifocal.• Lined trifocal.• Lined lenticular.	\$20 copay	100% after copay	<ul style="list-style-type: none">• Up to \$32.• Up to \$50.• Up to \$60.• Up to \$90.
Frames <ul style="list-style-type: none">• Under age 19: once every 12 months.• Age 19 and older: once every 24 months.	\$20 copay (copay waived if lenses purchased at the same time)	100% up to \$150	Up to \$45
Contact lenses instead of glasses (once every 12 months) <ul style="list-style-type: none">• Medically necessary.• Elective.	No copay	<ul style="list-style-type: none">• 100%.• 100% up to \$150.	<ul style="list-style-type: none">• Up to \$210.• Up to \$130.

Please note: You are responsible for paying the VSP network doctor for copayments and any out-of-pocket costs not covered under your plan. If you decide not to see a VSP doctor, you are required to pay the provider in full at the time of your appointment. You then need to submit a claim form to VSP for partial reimbursement.