



Vision Benefit Summary

<Company Name>

vsp  
vision care

## Frequency

Contacts (in lieu of glasses)	12 months
Exams	12 months
Frames	12 months
Lenses	12 months

## Copayments

Contact lens fitting & evaluation <sup>1</sup>	Up to \$60 copay
Exams	\$10
Materials	\$10

## In network allowances

Covered Lens Enhancements	Polycarbonate for children
Elective Contact Lenses	\$150
Retail Frame Value <sup>2,3,4</sup>	\$150 / 20% savings on amount over allowance

<sup>1</sup>Patient will pay 85% of doctor's U&C fees or \$60, whichever is less.

<sup>2</sup>Extra \$20 allowance on featured brands. Featured frame brands and promotion subject to change.

<sup>3</sup>Frame allowance backed by a wholesale guarantee, meaning VSP fully covers more frames than retail allowance plans.

<sup>4</sup>Allowance may differ at Walmart, Sam's Club and Costco, however it is of equivalent value.

## Value added programs

Diabetic Eyecare Plus Program <sup>SM</sup>	Included
Diabetic exam reminder letters	Included
Health-focused care	Included
Hearing aid discounts	Included
Low vision	Included

## Out-of-network allowances\*

Bifocal lenses, up to	\$50
Elective contact lens materials and fitting/evaluation, up to	\$105
Examination, up to	\$45
Frame, up to	\$70
Lenticular lenses, up to	\$100
Necessary contact lenses, up to	\$210
Single vision lenses, up to	\$30
Trifocal lenses, up to	\$65

## Extra discounts & savings

Additional pairs of glasses <sup>5</sup>	20% savings
Laser vision correction (LVC)	Average 15% Discount
Lens enhancements	Average savings of 30% on other lens enhancements

<sup>5</sup>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam®.

\* Member may have out of pocket expenses if using an out-of-network provider.

This benefit summary is not a complete description of the insurance coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Vision insurance product underwritten by National Guardian Life Insurance Company (NGL), Madison, WI, marketed by Beam Insurance Services LLC (Beam Benefits Insurance Services LLC, in CA). Policy form number NVIGRP 2020. Vision product underwritten by Nationwide Life Insurance Company, Columbus, OH in DE, ID, LA, NC, NH, NM, NV, NY, OH, TX, and UT. Vision coverage applicable to policy form GVIS AO L20, or state equivalent. Vision insurance products underwritten by Vision Service Plan (VSP) in WA. Not all products available in all states. Vision product administered by Vision Service Plan Insurance Company. VSP is a registered trademark of Vision Service Plan.

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

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Two life groups made up of only a husband-wife, domestic partners or same-sex couple are not eligible for coverage.

National Guardian Life Insurance Company, Madison, WI, is not affiliated with The Guardian Life Insurance Company of America, a.k.a. The Guardian, or Guardian Life. VSP is a registered trademark of Vision Service Plan.

Nationwide and Beam Insurance Services LLC are separate and non-affiliated companies.

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VSP OUT-OF-NETWORK REIMBURSEMENT CLAIMS  
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