

## VSP Vision Plan

Group #12244015

Effective 1-1-2015



Local Response | National Support

	In Network	Out of Network
<b>Eye Examination</b> <i>Frequency</i>	\$10 copay <i>Once every calendar year</i>	Up to \$45 <i>Once every calendar year</i>
<b>Lenses</b> Single Vision Bifocal Trifocal Lenticular <i>Frequency</i>	\$10 copay \$10 copay \$10 copay \$10 copay <i>Once every calendar year</i>	Up to \$45 Up to \$65 Up to \$85 Up to \$125 <i>Once every calendar year</i>
<b>Frames</b> <i>Frequency</i>	\$150 allowance <i>Once every calendar year</i>	Up to \$70 <i>Once every calendar year</i>
<b>Contact Lenses</b> Fit & Follow-up  <i>Frequency</i>	\$150 allowance Member will only pay up to a maximum of \$60  <i>Once every calendar year in lieu of lenses and frames</i>	Up to \$105 Combined with contact lens reimbursement allowance of \$105 <i>Once every calendar year in lieu of lenses and frames</i>



If you have any questions, please contact VSP at:

1-800-877-7195

[www.vsp.com](http://www.vsp.com)