Carrier Name: Guardian

Plan Name: Full Feature

In-Network Eye Exam: $10

Out-of-Network Eye Exam: Amount over $50

In-Network Single Vision Lens: $20

Out-of-Network Single Vision Lens: Amount over $48

In-Network Lined Bi-Focal Lens: $20

Out-of-Network Lined Bi-Focal Lens: Amount over $67

In-Network Lined Tri-Focal Lens: $20

Out-of-Network Lined Tri-Focal Lens: Amount over $86

In-Network Lenticular Lens: $20

Out-of-Network Lenticular Lens: Amount over $126

In-Network Contact Lens Allowance: Amount over $150

Out-of-Network Contact Lens Allowance: Amount over $120

In-Network Frame Allowance: 80% of amount over $150

Out-of-Network Frame Allowance: Amount over $48

Exam Frequency: Every 12 months

Lens Frequency: Every 12 months

Frame Frequency: Every 24 months

Out of Network Explanation:

Plan Year:

Network Name: VSP Network Signature Plan

Member Website:

Customer Service Phone Number: