Carrier Name: Guardian

Plan Name: Full Feature

In-Network Eye Exam: $10

Out-of-Network Eye Exam: Amount over $46

In-Network Single Vision Lens: $25

Out-of-Network Single Vision Lens: Amount over $47

In-Network Lined Bi-Focal Lens: $25

Out-of-Network Lined Bi-Focal Lens: Amount over $66

In-Network Lined Tri-Focal Lens: $25

Out-of-Network Lined Tri-Focal Lens: Amount over $85

In-Network Lenticular Lens: $25

Out-of-Network Lenticular Lens: Amount over $125

In-Network Contact Lens Allowance: Amount over $120

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

In-Network Frame Allowance: 80% of amount over $120

Out-of-Network Frame Allowance: Amount over $47

Exam Frequency: Every 12 Months

Lens Frequency: Every 12 Months

Frame Frequency: Every 12 Months

Out of Network Explanation:

Plan Year:

Network Name: VSP Network Signature Plan

Member Website:

Customer Service Phone Number: