Carrier Name: VSP

Plan Name: Vision Care

In-Network Eye Exam: $15

Out-of-Network Eye Exam: Up to $45

In-Network Single Vision Lens: $25

Out-of-Network Single Vision Lens: Up to $45

In-Network Lined Bi-Focal Lens: $25

Out-of-Network Lined Bi-Focal Lens: Up to $65

In-Network Lined Tri-Focal Lens: $25

Out-of-Network Lined Tri-Focal Lens: Up to $85

In-Network Lenticular Lens:

Out-of-Network Lenticular Lens:

In-Network Contact Lens Allowance: $150

Out-of-Network Contact Lens Allowance: Up to $150

In-Network Frame Allowance: $170

Out-of-Network Frame Allowance: Up to $55

Exam Frequency: Every calendar year

Lens Frequency: Every calendar year

Frame Frequency: Every other calendar year

Out of Network Explanation:

Plan Year:

Network Name: VSP Choice

Member Website: vsp.com

Customer Service Phone Number: