Carrier Name: VSP

Plan Name: Vision Care

In-Network Eye Exam: $10

Out-of-Network Eye Exam:

In-Network Single Vision Lens: $20

Out-of-Network Single Vision Lens:

In-Network Lined Bi-Focal Lens: $20

Out-of-Network Lined Bi-Focal Lens:

In-Network Lined Tri-Focal Lens: $20

Out-of-Network Lined Tri-Focal Lens:

In-Network Lenticular Lens:

Out-of-Network Lenticular Lens:

In-Network Contact Lens Allowance: $300

Out-of-Network Contact Lens Allowance:

In-Network Frame Allowance: $300

Out-of-Network Frame Allowance:

Exam Frequency: Every plan year

Lens Frequency: Every plan year

Frame Frequency: Every plan year

Out of Network Explanation:

Plan Year:

Network Name: VSP Choice 2025-2026

Member Website: [vsp.com](http://vsp.com)

Customer Service Phone Number: 800.877.7195