Carrier Name: VSP

Plan Name: Vision Care

In-Network Eye Exam: 0

Out-of-Network Eye Exam:

In-Network Single Vision Lens: 0

Out-of-Network Single Vision Lens:

In-Network Lined Bi-Focal Lens: 0

Out-of-Network Lined Bi-Focal Lens:

In-Network Lined Tri-Focal Lens: 0

Out-of-Network Lined Tri-Focal Lens:

In-Network Lenticular Lens:

Out-of-Network Lenticular Lens:

In-Network Contact Lens Allowance: $150

Out-of-Network Contact Lens Allowance:

In-Network Frame Allowance: $150

Out-of-Network Frame Allowance:

Exam Frequency: Every calendar year

Lens Frequency: Every calendar year

Frame Frequency: Every calendar year

Out of Network Explanation:

Plan Year: 01/01/2025

Network Name: VSP Choice

Member Website: vsp.com

Customer Service Phone Number: 800.877.7195