Carrier Name: VSP

Plan Name: Vision Care

In-Network Eye Exam: $10

Out-of-Network Eye Exam: Up to $50

In-Network Single Vision Lens: $20

Out-of-Network Single Vision Lens: Up to $50

In-Network Lined Bi-Focal Lens: $20

Out-of-Network Lined Bi-Focal Lens: Up to $75

In-Network Lined Tri-Focal Lens: $20

Out-of-Network Lined Tri-Focal Lens: Up to $100

In-Network Lenticular Lens:

Out-of-Network Lenticular Lens:

In-Network Contact Lens Allowance: $150

Out-of-Network Contact Lens Allowance: Up to $105

In-Network Frame Allowance: $150

Out-of-Network Frame Allowance: Up to $70

Exam Frequency: Every 12 months

Lens Frequency: Every 12 months

Frame Frequency: Every 24 months

Out of Network Explanation:

Plan Year:

Network Name: VSP Signature

Member Website: vsp.com

Customer Service Phone Number: 800.877.7195