

Benefit	Frequency <i>(Based on service year)</i>	Co-payment	Coverage from a Participating provider	Out-of-Network Reimbursement
Eye Care Wellness – Regular exams are essential for protecting your visual wellness.				
Exam	12 months	None	Covered in full	Up to \$46 allowance
Prescription Eyewear – You may choose between glasses or contact lenses. Remember if you choose contact lenses, you will not be eligible to receive glasses (lenses and frames) in the same service period.				
Lenses	12 months	None	Single vision, lined bifocal and lined trifocal lenses are covered in full ¹	Single vision up to \$55 allowance Lined bifocal up to \$75 allowance Lined trifocal up to \$95 allowance
Frames	24 months		Covered up to \$115 allowance ²	Up to \$45 allowance
Contact Lenses*	12 months	None	Covered up to \$105 allowance	Up to \$105 allowance

¹ Lens options, which can enhance the appearance, durability and function of your glasses, are available to you at the Plan’s member preferred pricing. Ask your provider for details.

² If you choose a frame valued at more than your allowance, you’ll save 20% on your out-of-pocket costs for frames.

*Your \$105 allowance applies to the cost of your exam, contact lens exam and your contact lens material. Your contact lens exam is performed in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts.

Value Added Discounts

Laser VisionCareSM – The Plan has contracted with many of the nation’s finest laser surgery facilities and providers, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers. Visit the Plan’s Website to learn more about this exciting program.

Contact Lenses – The Plan offers valuable savings on annual supplies of certain brands of contacts. You can receive these member-preferred prices, even if you use your coverage for glasses. Visit the Plan’s Website or ask your provider for details.

Prescription Glasses – Receive 20% savings when you purchase non-covered pairs of prescription glasses, including prescription sunglasses from the same participating provider within 12 months of your last eye exam.

Locating Vision Providers

When you obtain services from a participating provider, you get the most value from your vision benefit. To locate a Plan provider near your home or office, or to verify your provider is a participating provider check online or call the Member Services number found in the “Contact Information” section.

Using Your Vision Benefits

No cards, no claim forms, no hassles. To access your benefits, simply:

- Make an appointment with a participating provider
- Tell the provider you are a member when making the appointment
- Provide the provider with the covered member’s ID.

Your provider and Plan will verify your benefits and eligibility for services - it's that straightforward.

Out-of-Network Providers

You have the option of obtaining services from an out-of-network provider; however, if you obtain services from an out-of-network provider, your out-of-network benefits do not guarantee full payment. For out-of-network reimbursement, you must pay the entire bill when you receive services and mail your itemized receipt to VSP at the address found in the “Contact Information” section within six months from your date of service. Included with your receipt should be the covered member’s name, phone number, address, member ID, the name of the group, the patient’s name, date of birth, phone number and address, and the patient’s relationship to the covered member (such as spouse, child, etc.).