

Vision offered through Vision Service Plan (VSP)



Benefits You Receive:

This chart shows a brief summary of your benefits. Deductibles and co-insurance are shown based on what your out of pocket cost is; the Plan pays the remaining benefit.

Type of Service	In Network	Out of Network
Eye Exam: Every 12 months	\$15 co-pay	\$10 co-pay Plan pays up to \$45 of cost
Contact Lenses: Every 12 months	In lieu of glasses: \$0 co-pay \$120 allowance	Plan pays up to \$105 of cost
Lenses: Every 12 months	\$0 co-pay	Plan pays up to \$45 for single vision, \$65 for bi-focal, and \$85 for trifocal
Frames: Every 24 months	\$10 co-pay \$120 frame allowance	Plan pays up to \$47 of cost

There are no ID cards for VSP; tell your provider you are a VSP member and they do the rest. Be prepared to pay your co-pay at the time of service. For out of network providers, you must pay for the service and send in your receipts to VSP for reimbursement. Reimbursement forms are found on the VSP website, www.vsp.com.

