

Vision Care Benefits

Call VSP Vision Care at 1-800-877-7195 or visit their web site at www.vsp.com whenever you need to locate a vision care provider in your area. When you call to make an appointment, tell the doctor you are a VSP member. Your ID card will not be needed.

Vision Care (through VSP Choice Providers only)	Benefits Payable	Frequency
Well Vision Exam (eye exam related to illness or injury covered under medical benefits)	Plan covers 100% after you pay a \$10 copay.	Every calendar year
Prescription lenses: <ul style="list-style-type: none">• Single vision;• Lined bifocal;• Lined trifocal; and• Polycarbonate lenses for dependent children up to age 18	Plan covers 100% after you pay a \$20 copay.	Every calendar year
Allowance for frames	Plan covers a maximum of \$175; you receive 20% off any amount over the maximum.	Every other calendar year
Allowance for contact lenses and contact lens exam (fitting and evaluation)	Plan covers a maximum of \$175.	Every calendar year
Non-VSP Service Providers		
No benefits available.		