

FULL SERVICE PLAN OPTIONS (Coverage with VSP Choice Doctor)			
Benefit Option:	Clear \$130	Preferred \$130	Focus \$130
WellVision Exam® (every 12 months)	\$25 Copayment	\$10 Copayment	\$0 Copayment
Prescription Glasses	\$25 Copayment		
FRAME			
• \$130 allowance for a wide selection of frames / \$70 allowance at Costco/Walmart • 20% savings on the amount over your allowance • Every 12 months	Included in Prescription Glasses Copayment		
LENSES			
• Single vision, lined bifocal and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months	Included in Prescription Glasses Copayment		
LENS OPTIONS			
• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements • Every 12 months	Copayment \$55 \$95 – \$105 \$150 – \$175		
CONTACTS (instead of glasses)			
• \$130 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) • Every 12 months	\$0 Copayment		
EXTRA SAVINGS AND DISCOUNTS			
For more savings on additional pairs of glasses, sunglasses, contacts, laser vision correction and more, visit vsp.com/offers .			
COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Exam	up to \$45	up to \$45	up to \$45
Frame	up to \$47	up to \$47	up to \$47
Single Vision Lenses	up to \$45	up to \$45	up to \$45
Lined Bifocal Lenses	up to \$65	up to \$65	up to \$65
Lined Trifocal Lenses	up to \$85	up to \$85	up to \$85
Progressive Lenses	up to \$85	up to \$85	up to \$85
Contacts	up to \$105	up to \$105	up to \$105

Choosing a VSP doctor

Finding the right eye care provider is important to your eye health and overall wellness. Choose from a wide variety of VSP doctors, including local eye doctors or doctors at in-network retail locations like Costco, Walmart/Sam's Club, Visionworks® and more.¹ To find a VSP doctor, visit vsp.com or call 800-877-7195.

¹Not all doctors at in-network retail locations may participate.

Please visit vsp.com or call 800-877-7195 to find a participating provider.

Plan Information
VSP Doctor Network: VSP Choice

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VOLUNTARY VISION PLAN OPTIONS (Coverage with VSP Choice Doctor)					
Benefit Option:	Essential Plus 12/\$130	Essential 12/\$130	Essential Plus 24/\$130	Essential 24/\$130	
WellVision Exam® (every 12 months)	\$10 Copayment	\$20 Copayment	\$10 Copayment	\$20 Copayment	
Prescription Glasses	\$25 Copayment				
FRAME					
• \$130 allowance for a wide selection of frames / \$70 allowance at Costco/Walmart • 20% savings on the amount over your allowance • Every 12 months (for V1 and V2) / Every 24 months (for V3 and V4)	Included in Prescription Glasses Copayment				
LENSES					
• Single vision, lined bifocal and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months	Included in Prescription Glasses Copayment				
LENS OPTIONS					
• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements • Every 12 months	Copayment \$55 \$95 – \$105 \$150 – \$175				
CONTACTS (instead of glasses)					
• \$130 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) • Every 12 months	\$0 Copayment				
EXTRA SAVINGS AND DISCOUNTS					
For more savings on additional pairs of glasses, sunglasses, contacts, laser vision correction and more, visit vsp.com/offers .					
COVERAGE WITH OUT-OF-NETWORK PROVIDERS					
Exam	up to \$45	Lined Bifocal Lenses.....	up to \$65	Contacts	up to \$105
Frame	up to \$47	Lined Trifocal Lenses	up to \$85		
Single Vision Lenses.....	up to \$45	Progressive Lenses	up to \$65		

VSP guarantees coverage from VSP doctors only.

Choosing a VSP doctor

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