

Member

Member + Spouse

Member + Children

Family

\$16.41

\$29.09

\$27.66

\$45.91

Why VSP?

- 1 in 4 Americans have VSP
- The nation’s largest independent doctor network
- As a not-for-profit, we reinvest in your care

VSP is the only national not-for-profit vision care company. We reinvest in our members and the community through the advancement of optometry, eyewear donations, and mobile clinics to help connect people in need with a local VSP network doctor.

Every VSP network doctor provides personalized care to help keep your eyes healthy and happy. Our award-winning customer service team is also there to answer your questions every step of the way. It’s no wonder 92% of our members are satisfied with VSP.

VSP Vision

Plan Availability	All 50 States
-------------------	---------------

Enrollment Deadline	18th of month Prior to Effective date
---------------------	---------------------------------------

Provider Lookup	Search Providers
-----------------	------------------

Copay (Exams/Materials)	\$10/\$25
-------------------------	-----------

Eye Exams	In-Network: \$10 Out-of-Network: \$50 max
-----------	--

Frames Benefit	In-Network: \$150 retail max + 20% off Out-of-Network: \$48 max
----------------	--

Contact Lenses Benefit

<ul style="list-style-type: none"> • Medically Necessary 	In-Network: Covered (Copay Waived) Out-of-Network: \$210 max
---	---

<ul style="list-style-type: none"> • Elective Materials 	In-Network: \$\$150 max + 15% off Out-of-Network: \$105 max
--	--

Lenses Benefit

<ul style="list-style-type: none"> • Single Vision 	In-Network: \$25 Out-of-Network: \$48 max
---	--

<ul style="list-style-type: none"> • Bifocal 	In-Network: \$25 Out-of-Network: \$67 max
---	--

<ul style="list-style-type: none"> • Trifocal 	In-Network: \$25 Out-of-Network: \$86 max
--	--

<ul style="list-style-type: none"> • Lenticular 	In-Network: \$25 Out-of-Network: \$126 max
--	---

SERVICE FREQUENCIES

Eye Exams	Once Every 12 months
-----------	----------------------

Lenses Benefit	Once Every 12 months
----------------	----------------------

Contact Lenses	Once Every 12 months
----------------	----------------------

Frames	Once Every 24 months
--------	----------------------

