



Annual Product Details Benefits

Vision Underwritten by  VSP Vision Care

Copay	\$10 Exam / \$25 Materials per Covered Person per Office Visit	
Benefit	Frequency	
Exam:	Every 12 months	
Lenses:	Every 12 months	
Frame:	Every 24 months	
Benefit	Participating Provider	Non-Participating Provider
WellVision Exam	Covered after \$10 Exam Copay	Up to \$45 after \$10 Exam Copay
Contact Lens Exam	15% Savings on a contact lens exam	
Lenses:	Participating Provider	Non-Participating Provider
Single Vision	Covered after \$25 materials Copay	Up to \$30.00
Lined BiFocal	Covered after \$25 materials Copay	Up to \$50.00
Lined TriFocal	Covered after \$25 materials Copay	Up to \$65.00
Lenticular	Covered after \$25 materials Copay	Up to \$100.00
Impact-Resistant (polycarbonate) lenses for children	Fully covered with no Copay up to age 18	
Frames	\$150 allowance every 24 months	Up to \$70.00 allowance every 24 months
Contacts (in lieu of lens and frame benefits)	\$150 allowance every 12 months for contacts and contact lens exam (fitting and evaluation)	\$105 allowance every 12 months for contacts and contact lens exam (fitting and evaluation)
Discounts & Savings		
<ul style="list-style-type: none"> • Average 25-30% savings on other lens enhancements • 20% off additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of the patient's last WellVision Exam. • Extra \$20 to \$40 on featured frame brands. Brands and promotions subject to change. • Laser Vision Correction- Average 15% savings on the regular price or 5% savings on the promotional price from the contracted facilities. 		

Prices vary in FL, NY and OR. Contact Lenses are provided in lieu of all other lens once every 12 months and frames once every 24 months.

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

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