VSP Choice Plan℠

The VSP Choice Plan is a full-service plan with choice, flexibility and maximum value through a VSP Choice Preferred Provider.

Plan Coverage	
WellVision Exam®	• Thorough eye exam covered in full[1]
Lenses	• Glass or plastic, single vision, lined bifocal or lined trifocal prescription lenses are covered in full[1] • Cost controls on the most popular lens options, saving our members an average of 20-25%[2] • 20% off unlimited additional pairs of prescription glasses[3] • 20% off unlimited non-prescription sunglasses[3] • Dependent children of members are eligible for covered in full polycarbonate prescription lenses
Frames	• Frames are covered in full[1] up to the retail allowance of $130 • 20% off any amount exceeding allowance
Contact Lenses	• 15% off contact lens services, excluding materials • Instead of eyeglasses, elective contact lens services and materials are covered in full up to $130 toward any type of prescription contact lenses • Replacement contact lens wearers may qualify for a covered in full[4] contact lens exam and a six-month supply of approved lenses, including toric, multifocal, and silicone hydrogel • Necessary contact lenses are covered in full[1] for members who have specific conditions for which contact lenses provide better visual correction
Value-added Benefits	
Primary EyeCare Plan℠	• Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs • Members can see their VSP Preferred Provider without a referral, as often as needed
Laser VisionCare Program	• VSP-contracted laser centers provide discounts for laser surgery including PRK, LASIK, and Custom LASIK[5] • Discounts average 15% off or 5% off if the laser center is offering a promotional price[6]
Low Vision	• Low vision is vision loss sufficient enough to prevent reading and performing daily activities • With pre-approval from VSP, low vision supplemental testing is covered every two years • VSP will pay 75% of the cost for approved low vision aids, up to the maximum of $1,000 (less any amount paid for supplemental testing) per member every two years
Exclusions	
Plan Limitations	The following items are excluded under this plan: • Two pairs of glasses instead of bifocals • Replacement of lenses, frames or contacts • Medical or surgical treatment • Orthoptics, vision training or supplemental testing Items not covered under the contact lens coverage: • Insurance policies or service agreements • Artistically painted or non-prescription lenses • Additional office visits for contact lens pathology • Contact lens modification, polishing or cleaning

[1] Less any applicable copay.
[2] Most popular lens options include progressives, anti-reflective, photochromics, scratch resistant coating, polycarbonate, plastic dyes, and UV protection. All other lens options also available at 20% off.
[3] Discounts valid through any VSP Preferred Provider within 12 months of the last covered eye exam.
[4] If a member selects a lens from a tier that is above their allowance they pay the difference. If a member selects a lens from a tier that is below their allowance they may apply the remaining balance toward additional contact lenses. This program was designed for standard fit members, VSP Preferred Providers will determine if a member qualifies.
[5] Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member.
[6] LaserVision Care discounts are only available from VSP-contracted facilities.