

# VSP Vision Benefits Summary

New Hampshire School Health Care Coalition and VSP provide you with an affordable eyecare plan.



**VSP Coverage Effective Date: 7/1/19**

**VSP Provider Network: Choice**

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>Prescription Glasses</b>		<b>\$25</b>	
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>\$180 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every other plan year*
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every plan year*
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every plan year*
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every plan year*
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$20	As needed
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$50 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		
<b>Your Monthly Contribution</b>	\$3.95 Member only   \$7.90 Member + 1   \$12.72 Member + family		

## Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Frame .....	up to \$70	Lined Bifocal Lenses .....	up to \$50	Progressive Lenses .....	up to \$50
Single Vision Lenses .....	up to \$30	Lined Trifocal Lenses .....	up to \$65	Contacts .....	up to \$105

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

\*Plan year begins July 1