Your eyecare benefit is brought to you by FRANKLIN PIERCE COLLEGE and VSP.

Your Coverage from a VSP Doctor

Exam covered in full.............................................. every plan year

Prescription Glasses

Lenses covered in full............................................. every plan year
- Single vision, lined bifocal and lined trifocal lenses.
- Polycarbonate lenses for dependent children.

Frame............................................................... every other plan year
- Frame of your choice covered up to $120.
- Plus 20% off any out-of-pocket costs.

~OR~

Contact Lens Care............................................. every plan year

When you choose contacts instead of glasses, your $120.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame one plan year from the date the contact lenses were obtained.

Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or vsp.com.

Extra Discounts and Savings

Laser Vision Correction Discounts

Prescription Glasses
- Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives
- 20% off additional prescription glasses and sunglasses*

Contacts*
- 15% off cost of contact lens exam (fitting and evaluation)
* Available from the same VSP doctor who provided your eye exam within the last 12 months

Your Copays

Exam.......................................................... $10.00
Prescription Glasses.............................. $25.00
Contacts.......................................................... No copay applies

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You’ll also receive a lesser benefit and typically pay more out of pocket. You are required to pay the provider in full at the time of your appointment and submit a claim within 6 months to VSP for partial reimbursement. If you decide to see a non-VSP provider, call us first at 800-877-7195.

Out-of-Network Reimbursement Amounts:

Exam.......................................................... $35.00
Lenses:
- Single Vision........................................ $25.00
- Lined Bifocal.......................................... $40.00
- Lined Trifocal........................................ $55.00
Frame.......................................................... $45.00
Contacts.......................................................... $105.00

VSP guarantees service from VSP network doctors only.

In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.

1 Plan year begins in January