



Vision Plan - VSP

VSP features a broad provider network with substantial access across the United States in a variety of settings. All VSP network providers are independent optometrists or ophthalmologists in private practice who provide full service. However, you do have the option of using a non-network provider under the VSP plan but the benefit allowances are lower.

Plan Benefits	In-Network	Out-of-Network*
Eye examination, once every 12 months	\$10 Exam	Up to \$43
Standard Lenses, once every 24 months <ul style="list-style-type: none"> • Single • Bifocal • Trifocal 	\$10 Copay \$10 Copay \$10 Copay	Up to \$26 Up to \$43 Up to \$60
Frame, once every 24 months	\$120 allowance	Up to \$40
Contact Lenses (in lieu of eyeglasses)	\$120 allowance	Up to \$100

* The Out-of-Network amounts are reimbursement amounts and not copayment amounts.

NOTE:

When you call a provider to make an appointment, you will be asked to provide your social security number. The Court has chosen not to use your social security number as your ID number with VSP, instead we have chosen to use your employee ID number. Please give the provider the number you use to enter your timesheet preceded by enough zeros to make this a nine digit number.

Example: 1234 would be 000-00-1234

The information in this summary is not intended to take the place of, or change the official Plan Documents or Evidence of Coverage. In the event that the information in this brochure differs from the Plan Document, the Plan Document shall prevail.