VSP® Vision Care

www.choosevsp.com

(800) 807-0764 OR TTY 711

2027

A Nationwide PPO Vision Plan

VSP Vision Care is available nationwide and overseas.

IMPORTANT
- Rates: Back Cover
- Changes for 2027: Page 2
- Summary of Benefits: Page 22

Enrollment options:

- Standard Option - Self Only
- Standard Option - Self Plus One
- Standard Option - Self and Family
- High Option - Self Only
- High Option - Self Plus One
- High Option - Self and Family

FEDVIP
Federal Employees
Dental And Vision Insurance Program

Authorized for distribution by the:

United States
Office of Personnel Management

Healthcare and Insurance
http://www.opm.gov/insure

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The law directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants. Section 715 of the National Defense Authorization Act for Fiscal Year 2017 (FY 2017 NDAA), Public Law 114-328, expanded FEDVIP eligibility to certain TRICARE-eligible individuals.

This brochure describes the benefits of High Option and Standard Option with Vision Service Plan (VSP) under contract OPM02-FEDVIP-02AP-17 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

VSP Vision Care
3333 Quality Drive
Rancho Cordova, CA 95670
800-807-0764 or TTY 711 / www. choosevsp.com

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits.

If you are enrolled in this plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits, if they are also listed on the coverage. **You and your family members do not have a right to benefits that were available before January 1, 2027, unless those benefits are also shown in this brochure.**

OPM negotiates benefits and rates with each carrier annually. Rates are shown at the end of this brochure.

VSP® is responsible for the selection of doctors in their network. Visit www. choosevsp.com or contact us at **800-807-0764 or TTY 711** for a list of participating doctors. Continued participation with any specific doctor cannot be guaranteed. Thus, you should choose your plan based on the benefits provided and not on a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in-network. You cannot change plans because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

VSP and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program / Postal Service Health Benefits (PSHB) Program.

We want you to know that protecting the confidentiality of your individually identifiable health information is of the utmost importance to us. To review full details about our privacy practices, our legal duties, and your rights, please visit our website, **www. choosevsp.com**, and click on the "Patient Rights" link at the bottom of the page. If you do not have access to the internet or would like further information, please contact us by calling **800-807-0764 or TTY 711**.

Discrimination is Against the Law
VSP Vision Care complies with all applicable Federal civil rights laws, to include both Title VII of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act. Pursuant to Section 1557, VSP Vision Care does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

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How We Have Changed For 2027

There are no changes to covered benefits or plan features for the 2027 plan year. Members will continue to have access to the vision care services and provider network described in this plan.

FEDVIP Program Highlights

A Choice of Plans and Options	You can select from several nationwide, and in some areas, regional dental Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) plans, and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Some TRICARE beneficiaries may not be eligible to enroll in both. Visit www.opm.gov/dental or www.opm.gov/vision for more information.
Enroll Through BENEFEDS	You enroll online at www.BENEFEDS.gov. Please see Section 2, Enrollment, for more information.
Dual Enrollment	If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.
Coverage Effective Date	If you sign up for a dental and/or vision plan during the 2026 Open Season, your coverage will begin on January 1, 2027. Premium deductions will start with the first full pay period beginning on/after January 1, 2027. You may use your benefits as soon as your eligibility is confirmed.
Annual Enrollment Opportunity	Each year, an open season will be held during which you may enroll or change your vision/dental plan enrollment. This year, open season runs from November 9, 2026 through December 14, 2026 (midnight EST). You do not need to re-enroll each open season, unless you wish to change plans or plan options; your coverage will continue from the previous year. In addition to the annual open season, there are certain events that allow you to make specific types of enrollment changes throughout the year. Please see Section 2, Enrollment, for more information.
Pre-Tax Salary Deduction for Employees	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars. TRICARE enrollees automatically pay premiums through payroll deduction or automatic bank withdrawal (ABW) using post-tax dollars.
Continued Group Coverage After Retirement	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.

Section 1 Eligibility

Federal Employees

If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP, if you are eligible for the Federal Employees Health Benefits (FEHB) Program, the Postal Service Health Benefits (PSHB) Program, or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation. Enrollment in the FEHB Program, PSHB Program, or the Health Insurance Marketplace (Exchange) is not required.

Temporary/Seasonal Employees

Certain temporary, intermittent, and seasonal Federal and U.S. Postal Service employees are now eligible to enroll in FEDVIP. To be eligible, these employees must be expected to work 130 hours per calendar month for at least 90 days. In addition, certain firefighters hired under a temporary appointment and intermittent emergency response personnel are eligible to enroll in FEDVIP. The employing agency must determine and notify these employees of their eligibility.

Federal Annuitants

You are eligible to enroll if you:

- Retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;
- Retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.

Your FEDVIP enrollment will continue into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for 5 years of service prior to retirement to continue coverage into retirement, as there is with the FEHB/PSHB Program.

Your FEDVIP coverage will end, if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.

Survivor Annuitants

If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.

Compensationers

A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury/illness who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.

TRICARE-eligible Individual

An individual who is eligible for FEDVIP dental coverage based on the individual's eligibility to previously be covered under the TRICARE Retiree Dental Program or an individual eligible for FEDVIP vision coverage based on the individual's enrollment in a specified TRICARE health plan.

Retired members of the uniformed services and National Guard/Reserve components, including "gray-area" retirees under age 60 and their families are eligible for FEDVIP dental coverage. These individuals, if enrolled in a TRICARE health plan, are also eligible for FEDVIP vision coverage. In addition, uniformed services active duty family members who are enrolled in a TRICARE health plan are eligible for FEDVIP vision coverage.

Family Members

Except with respect to TRICARE-eligible individuals, family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parentchild relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support. FEDVIP rules and FEHB/PSHB rules for family member eligibility are **NOT** the same. For more information on family member eligibility visit the website at www.BENEFEDS.gov or contact your employing agency or retirement system.

With respect to TRICARE-eligible individuals, family members include your spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in your legal custody by a court. An unremarried former spouse who meets the U.S. Department of Defense's 20-20-20 and/or 20-20-15 benefit eligibility requirements may only enroll in a self-only FEDVIP vision plan. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.

Not Eligible

The following persons are not eligible to enroll in FEDVIP, regardless of FEHB/PSHB eligibility or receipt of an annuity or portion of an annuity:

- Deferred annuitants
- Former spouses of employees or annuitants. **Note:** Former spouses of TRICARE-eligible individuals may enroll in a FEDVIP vision plan.
- FEHB/PSHB Temporary Continuation of Coverage (TCC) enrollees
- Anyone receiving an insurable interest annuity who is not also an eligible family member
- Active duty uniformed service members. **Note:** If you are an active duty uniformed service member, your dental and vision coverage will be provided by TRICARE. Your family members will still be eligible to enroll in the TRICARE Dental Plan (TDP).
- Temporary/seasonal employees who do not meet the 130 hours per calendar month for 90 days

Section 2 Enrollment

Enroll Through BENEFEDS

You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website (www.BENEFEDS.gov) sponsored by OPM. If you do not have access to a computer, call **1-877-888-FEDS (1-877-888-3337), TTY number 711 International: 1-571-730-5942** to enroll or change your enrollment.

If you are currently enrolled in FEDVIP and do not want to change plans or options, your enrollment will continue automatically. Please Note: your plans' premiums may change for 2027.

Note: You cannot enroll or change enrollment in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

Enrollment Types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family. However, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Self and Family: A Self and Family enrollment covers you as the enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Dual Enrollment

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage (i. e., you or covered family members cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans).

Opportunities to Enroll or Change Enrollment

Open Season

If you are an eligible employee, annuitant, or TRICARE-eligible individual (TEI), you may enroll in a dental and/or vision plan during open season, November 9, 2026 through December 14, 2026 (midnight EST). Coverage is effective January 1, 2027.

During future annual open seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these open season enrollments and changes will be set by OPM. **If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.**

New hire/Newly eligible

You may enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP; or
- an employee returning to service following a break in service of at least 31 days.
- a TRICARE-eligible individual

Your enrollment will be effective on the first day of the pay period following the one in which BENEFEDS receives and confirms your enrollment.

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an open season.

The following chart lists the QLEs and the enrollment actions you may take:

Qualifying Life Event: Marriage
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes

Qualifying Life Event: Acquiring an eligible family member (non-spouse)
From Not Enrolled to Enrolled: No
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Losing a covered family member
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: Yes
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Losing other dental/vision coverage (eligible or covered person)
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Moving out of regional plan's service area
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes

Qualifying Life Event: Going on active military duty, non- pay status (enrollee or spouse)
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: Yes
Change from One Plan to Another: No

Qualifying Life Event: Returning to pay status from active military duty (enrollee or spouse)
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Returning to pay status from Leave without pay
From Not Enrolled to Enrolled: Yes (if enrollment cancelled during LWOP)
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes (if enrollment cancelled during LWOP)

Qualifying Life Event: Annuity/ compensation restored
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Transferring to an eligible position*
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: Yes
Change from One Plan to Another: No

*Position must be in a Federal agency that provides dental and/or vision coverage with 50 percent or more employer-paid premium.

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs, except for enrollment because of a loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days haven't yet elapsed. That means once you have enrolled in either a dental or a vision plan, you cannot change or cancel that particular enrollment until the next open season, unless you experience a QLE that allows such a change or cancellation.

VA Exception for Cancellation

Generally, you may cancel your enrollment only during the annual open season. However, if you are a FEDVIP enrollee paying premiums on a **post-tax basis**, and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may** change your enrollment type or cancel your enrollment within 60 days of receiving notification of VA dental or vision eligibility. This 60-day period may fall outside of open season. VA dental or vision eligibility documentation must be submitted to OPM via the BENEFEDS mailbox (benefedsportal@opm.gov) within 60 days of notification to support the FEDVIP enrollment change or cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date. An eligible family member's coverage also ends upon the effective date of the cancellation.

If you are a FEDVIP enrollee paying premiums on a **pre-tax basis,** and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may not** change or cancel your FEDVIP enrollment until the next open season.

FEDVIP enrollees can verify if they are paying their premiums on a pre- or post- tax basis by contacting BENEFEDS at **877-888-3337, TTY number 711 International: 1-571-730-5942**.

When Coverage Stops

Coverage ends for active and retired Federal, U.S. Postal employees, and TRICARE-eligible individuals when you:

- no longer meet the definition of an eligible employee, annuitant, or TRICARE-eligible individual;
- as a Retired Reservist you begin active duty;
- as sponsor or primary enrollee leaves active duty;

- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld, and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments;
- cancel the enrollment during open season;
- a Retired Reservist begins active duty; or
- the sponsor or primary enrollee leaves active duty.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Continuation of Coverage

Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under the FEDVIP plans:

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

FSAFEDS/High Deductible Health Plans and FEDVIP

If you are planning to enroll in a FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA), or any flexible spending account, you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Please review IRS - Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (www.irs.gov/forms-pubs/about-publication-969) for additional information about carryover and contribution amounts for the upcoming tax year. If you have an HCFSA or LEX HCFSA FSAFEDS account and you have not exhausted your funds by December 31st of the plan year, FSAFEDS can automatically carry over a set maximum amount of unspent funds into another health care or limited expense account for the subsequent year. To be eligible for carryover, you must be employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31st. You must also actively re-enroll in a health care or limited expense account during the next open season to be carryover eligible. Your re-enrollment must meet the minimum contribution amount for the plan year. If you do not re-enroll, or if you are not employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31st, your funds will not be carried over.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time permitted. This is known as the "Use-it-or-Lose-it" rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in the program next year.

See www.fsafeds.gov or call 1-877-FSAFEDS (372-3337) or TTY: 1-866-353-8058. Note: FSAFEDS is not open to retired employees or to TRICARE eligible individuals.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you may use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB/PSHB and/or FEDVIP plans.

Section 3 How You Obtain Benefits

Identification Cards/ Enrollment Confirmation

Once enrolled, ID cards are not necessary to obtain services. Your eye care provider will verify your eligibility and benefits with VSP directly.

For members who prefer ID cards, create an account at **www.vsp.com**, and log in to print a personalized Member ID Card.

Where You Get Covered Care

You can get covered care from any VSP network doctor or out-of-network provider. However, you will get the most out of your benefit when you see a VSP in-network doctor (plan provider), and you'll only be responsible for your copayments at the time of your visit.

Plan Providers

VSP lists plan providers in the provider directory. The list is available at **www.choosevsp.com/find-a-doctor** or you may call **800-807-0764 or TTY 711**.

In-Network

Make an appointment with a VSP network doctor and tell them you are a VSP member. Your doctor will confirm your eligibility with VSP. Your copayment, out-of-pocket expenses for overages, and expenses for non-covered options are due at the time of the visit.

Out-of-Network

You may obtain care from any licensed eye care provider. If the provider you use is not part of the VSP doctor network, benefits will be considered out-of-network. VSP will partially reimburse services performed by out-of-network providers. Refer to the Summary of Benefits section. You must pay the bill at the time of service and submit the claim to VSP for partial reimbursement. Sign in to your account on **www.vsp.com,** click on "View Your Benefits," then "My Benefits." Scroll to the bottom to access the Out-of-Network Claim Form, and then follow the instructions and upload your receipt(s). If you do not have Internet access, you may call **800-807-0764 or TTY 711** and request a claim form to return with an itemized receipt listing the services received. Please keep a copy of the information and mail the originals to:

VSP Vision Care
Attn: Claims Services
P.O. Box 495933
Cincinnati, OH 45249

FEHB/PSHB First Payor

When services are rendered by a provider who participates with both your FEHB/PSHB and your FEDVIP plan, the FEHB/PSHB plan will pay benefits first. The FEDVIP plan allowance will be the prevailing charge, in these cases. You are responsible for the difference between the FEHB/PSHB and FEDVIP benefits payments and the FEDVIP plan allowance. VSP will facilitate the process with the primary FEHB/PSHB first payor.

Coordination of Benefits

IF: **You** have vision coverage through a non-FEHB/non-PSHB plan and VSP coverage under FEDVIP (covered through a spouse)
THEN: VSP is the primary payor and your non-FEHB/non-PSHB plan is secondary.

IF: If your **covered dependent child** has coverage through a non-FEHB/non-PSHB plan and VSP coverage under FEDVIP
THEN: The parent's plan whose birthday occurs first in the calendar year (1. Month, 2. Date) is primary. If the months and dates are the same for both parents, the primary payor is the plan that has provided coverage the longest.

Limited Access Area

If you live in an area that does not have adequate access to a VSP network doctor and you receive covered services from an out-of-network provider, VSP will reimburse you up to the plan allowance. You are responsible for any difference between the amount billed and VSP's payment. Follow out-of-network claim submission instructions.

Pre-Authorization

Pre-authorization is only required for the acquisition of treatment of members affected by low vision.

Section 4 Your Cost for Covered Services

This is what you will pay out-of-pocket for covered care:

Copays

A copay is a fixed amount of money you pay to the provider when you receive services.

Example: In the VSP High Option plan, you pay a $10 copay for an exam and/or prescription glasses/necessary contact lenses.

In-Network Services

You maximize your benefits when you visit a VSP in-network doctor. Your eye exam and prescription glasses or contacts are covered up to your plan allowances after any copays. You will also receive 20% savings on any out-of-pocket costs over your frame allowance and an average of 30% savings on other lens enhancements. (Based on applicable laws. Benefits may vary by doctor locations. Coverage with a retail chain may be different or not apply. See your doctor for pricing.)

- **High Option:**
  - $10 total copay for eye exam and/or prescription glasses/necessary contact lenses
  - TechShield® anti-glare lens coatings and light-reactive lenses, like SunSync®, are included as lens upgrades.
- **Standard Option:** $10 copay for eye exam and $20 copay for prescription glasses/necessary contact lenses
- **Both plans:** $0 copay for eye exam at VSP Premier Edge™ locations

Out-of-Network Schedule of Allowances

You'll get more out of your coverage and pay lower out-of-pocket costs when you see a VSP network doctor. Plus, there are no claim forms to submit when you see an in-network doctor. When you visit an out-of-network provider, you will be reimbursed according to the following schedule:

Eye Exam: up to $45
Lens: Single Vision: Up to $45
Lens: Lined bifocal: Up to $65
Lens: Lined trifocal: Up to $85
Lens: Lenticular: Up to $125
Frames: Up to $47
Contact Lenses: Elective: Up to $105
Contact Lenses: Necessary: Up to $210

Section 5 Vision Services and Supplies

Important things you should keep in mind about these benefits:

Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted protocols.

Benefits Description	You Pay*	
Diagnostic	**Standard**	**High**
Eye Examination - fully covered (once every calendar year). VSP doctors provide a WellVision Exam, a comprehensive exam that focuses on your eyes and overall wellness.	$10 $0 at Premier Edge locations	$10 $0 at Premier Edge locations A total copay, covering both the eye exam and prescription glasses/necessary contact lenses, or a single service, like an exam-only or glasses/ necessary contact lenses-only.
Eyewear	**Standard**	**High**
You may choose prescription glasses or contacts. **Lenses** - fully covered (once every calendar year) Glass or plastic single vision, lined bifocal, lined trifocal, lenticular lenses.	$20	$10 $0 at Premier Edge locations A total copay, covering both the eye exam and prescription glasses/necessary contact lenses, or a single service, like an exam-only or glasses/ necessary contact lenses-only.
Lens Enhancements Impact-resistant lenses (polycarbonate lenses)	 $0	 $0
Tints	$15-$17	$0
Scratch-resistant coating	$0	$0
Anti-reflective coating (anti-glare)	Standard Anti-reflective: $41 Premium Anti-reflective: $68 Custom Anti-reflective: $85	TechShield® AR Coatings: $0 Standard Anti-reflective: $21 Premium Anti-reflective: $48 Custom Anti-reflective: $65
UV protection	$0	$0
Light-reactive lenses, such as SunSync (Light indoors, dark outdoors)	$75	$0
Standard progressive lenses	$0	$0
Premium progressive lenses	$95 - $105	$95 - $105
Custom progressive lenses	$150 - $175	$150 - $175
Frames - covered (once every calendar year)	$200 Featured Frame Brand allowance at most in-network locations OR any frame brand at Visionworks	$250 Featured Frame Brand allowance at most in-network locations OR any frame brand at Visionworks

Eyewear - continued on next page

Benefits Description	You Pay*	
Eyewear (cont.)	**Standard**	**High**
	OR $150 Standard frame allowance at in-network locations (including Walmart/ Sam's Club) 20% savings on amount over the allowance and on additional eyewear	OR $200 Standard frame allowance at in-network locations (including Walmart/ Sam's Club) 20% savings on amount over the allowance and on additional eyewear
Contact Lenses	**Standard**	**High**
Contact Lenses instead of glasses - Elective (once every calendar year instead of glasses)	$120 allowance Contact lens exam (fitting and evaluation) up to $55 copay	$150 allowance Contact lens exam (fitting and evaluation) up to $55 copay
Contact Lenses instead of glasses - Necessary (once every calendar year instead of glasses)	$20 copay	$10 copay $0 at Premier Edge Locations

VSP KidsCare

- Two exams that focus on eye and overall wellness for dependents under age 18.
- An additional set of lenses (or contacts) is covered in the same plan year, if needed. Minimum prescription change is required. (Any plan copays for exam and/or materials may apply towards additional services.)

VSP LightCare

Visit a VSP network doctor and choose either prescription eyewear coverage or use your VSP LightCare™ benefit toward ready-made:

- Non-prescription sunglasses or
- Non-prescription blue light filtering glasses

Essential Medical Eye Care

- Covered-in-full retinal screening (digital imaging of the inside of the eye) for members with diabetes who do not have diabetic eye disease.
- Additional exams and services that track and monitor diabetic eye disease progression.
- Treatment for dry eye, pink eye, eye injury, and foreign body removal.
- Exams and services to diagnose and monitor glaucoma and cataracts.
- Tests to diagnose sudden vision changes.
- Coordination with your medical coverage may apply. Ask your VSP network doctor for detail

Low Vision Coverage

This benefit is available for patients having vision loss sufficient enough to prevent reading, moving around in unfamiliar surroundings and completing desired tasks. Patients with low vision have visual impairments not fully treatable by medical, surgical or conventional eyewear or contact lenses. **Low vision benefits must be pre-authorized.**

Your low vision coverage from a VSP network doctor provides:

- Low vision exams and low vision aids, up to a $1,000 maximum, every two years.
- Low vision supplemental testing, if approved, will be covered in full every two years. If low vision aids are approved, VSP will pay 75% of the approved amount up to a maximum of $1,000 (less any amount paid for supplemental testing) per covered individual every two years. The patient is responsible for the remaining 25% of the approved amount plus any amount over the maximum.

If you choose to go out-of-network, you must pay the provider at the time of your appointment and submit the claims for partial reimbursement. There is no guarantee of reimbursement. If your claim is approved, you will be reimbursed up to the amount we pay a VSP network doctor. For example, if you are charged $200 for the supplemental evaluation, your reimbursement amount would not exceed VSP's maximum payable of $125.

Additional Savings**

The following additional savings are only available from VSP network doctors.

Prescription glasses

- Average 30% savings on all other lens options.
- 20% savings on additional prescription and non-prescription glasses and sunglasses from any VSP network doctor within 12 months of your last covered exam.
- 20% savings on amount over the frame allowance and on additional eyewear.

Contacts

- 15% savings on the cost of contact lens exam from any VSP network doctor within 12 months of your last covered exam.

Laser Vision Correction

- Average 15% off the regular price; discounts available at contracted facilities.

Retinal Screening

- Members with diabetes who do not have diabetic eye disease get a fully covered retinal screening through the Essential Medical Eye Care coverage. No more than a $39 copay on routine retinal screening as an enhancement to your WellVision Exam for members without diabetes.

**Based on applicable laws. Benefits may vary by doctor location. See your doctor for pricing. Coverage with a retail chain may be different or not apply.

Please Note

Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Frames and lenses purchased at Premier Edge locations or through Premier Edge providers include an added benefit of the Premier Edge Promise, a worry-free eyewear guarantee.

Worry-free guarantee covers broken/damaged glasses or a prescription change within 12 months, or a style change within 100 days. Restrictions may apply; visit **www. vsp.com/offers/premier-edge-offers/glasses-and-sunglasses/Premier-Edge-Promise**for terms and conditions. Availability of VSP Premier Edge may vary.

Some restrictions may apply--learn more here: **www. choosevsp.com/why-enroll**.

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.

Some brands of spectacle frames and lenses may be unavailable for purchase as Plan Benefits, or may be subject to additional limitations. Covered Persons may obtain details regarding frame and lens brand availability from their VSP Network Doctor or by calling VSP Member Services at **800-807-0764**.

Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Covered Person's VSP Network Doctor or Out of Network Provider. Review and approval by VSP are not required for Covered Person to be eligible for Necessary Contact Lenses.

*****Please refer to Section 4, Your Cost for Covered Services, for the nationwide reimbursement schedule and Section 6, International Services and Supplies, for the international reimbursement schedule

Section 6 International Services and Supplies

International Claims Payment	VSP is a nationwide vision plan and therefore does not have network doctors overseas. To obtain services, visit any international eyecare provider and you will be reimbursed 75% of billed charges up to this international out-of-network schedule: **Eye Exam**: up to $65 **Lens**: Single Vision: Up to $55 **Lens**: Lined bifocal: Up to $75 **Lens**: Lined trifocal: Up to $95 **Lens**: Lenticular: Up to $125 **Frames**: Up to $120 **Contact Lenses**: Elective: Up to $105 **Contact Lenses**: Necessary: Up to $210
Finding an International Provider	Visit the international eye care provider of your choice. You will need to submit a claim for reimbursement.
Filing International Claims	Sign in to your account on **www.vsp.com**, click on "View Your Benefits" then "My Benefits." Scroll to the bottom to access the Out-of-Network Claim Form, and then follow the instructions to upload your receipt. If you do not have Internet access, send an itemized receipt listing the services received along with the patient's name and covered member's name and ID number to VSP. Please keep a copy of the information and mail the originals to: **VSP Vision Care** **Attn: Claims Services** **P.O. Box 495933** **Cincinnati, OH 45249**
Website and Phone Numbers	Review VSP plan information on **www.choosevsp.com.** Create an account at **www.vsp.com** to view your personalized benefits dashboard and check out your savings statement. Call VSP Member Services at **800-807-0764 or TTY 711**.
International Rates	Please refer to the Rate Information section to view rates. Premiums for international members are the same as nationwide members.

Section 7 General Exclusions – Things We Do Not Cover

The following services and materials are not covered:

- Any vision service, treatment, or material not specifically listed as a covered service, treatment, or material;
- Orthoptics or vision training and any associated supplemental testing;
- Plano lenses (lenses with refractive correction of less than ± .50 diopter), except as specifically allowed in the Frames benefit section, above.
- Two pairs of glasses in lieu of bifocals;
- Expenses associated with securing materials such as lenses and frames other than as specified in this brochure;
- Medical or surgical treatment of the eyes;
- Replacement of lenses and frames furnished under this program, except at the normal intervals when services are available, except for what is covered.

Items not covered under the contact lens coverage include:

- Corneal Refractive Therapy (CRT) or Orthokeratology (a procedure using contact lenses to change the shape of the cornea in order to reduce myopia);
- Replacement of lost or damaged lenses;
- Insurance policies or service agreements;
- Non-prescription lenses (*i.e.,* when patient's refractive error is less than a +/- 0.50 diopter power);
- Artistically painted lenses;
- Additional office visits associated with contact lens pathology;
- Contact lens modification, polishing or cleaning;
- Refitting of contact lenses after the initial (90-day) fitting period.

Section 8 Claims Filing and Disputed Claims Processes

How to File a Claim for Covered Services

When you visit a VSP network doctor, you do not complete any paperwork or claim forms. VSP network doctors verify your eligibility, plan coverage, and obtain authorization from VSP.

If you decide not to see a VSP network doctor, call **800-807-0764 or TTY 711**. You are required to pay the provider in full at the time of your appointment and submit a claim for reimbursement.

Sign on to **www.vsp.com** and access the Out-of-Network Reimbursement Form and follow the instructions. If you do not have Internet access, you may call **800-807-0764 or TTY 711** and request a claim form to return with an itemized receipt listing the services received. Please keep a copy of the information and mail the originals to:

VSP Vision Care
Attn: Claims Services
P.O. Box 495933
Cincinnati, OH 45249

Deadline for Filing Your Claim

Out-of-network claims must be submitted to VSP within six months for reimbursement.

Disputed Claims Process

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

Disputed Claim Steps:

1. In order to reconsider our initial decision. You must:

- Contact VSP Member Services at **800-807-0764 or TTY 711** to request an appeal, or
- Submit the appeal of this decision in writing to VSP within 180 days from the date of the letter. Please include a copy of the claim, as well as any comments that you would like to have considered. Mail your appeal to:

  VSP Vision Care
  Attn: Claim Appeals
  P.O. Box 2350
  Rancho Cordova, CA 95741

2. VSP has 30 days from the date it receives your request to resolve the complaint and send the resolution to you.

3. If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must:

- Contact VSP Member Services at **800-807-0764 or TTY 711** to request an appeal, or
- Submit the appeal of this decision in writing to VSP within 180 days from the date of the letter. Please include a copy of the claim, as well as any comments that you would like to have considered. Mail your appeal to:

  VSP Vision Care
  Attn: Claim Appeals
  P.O. Box 2350
  Rancho Cordova, CA 95741

4. If you do not agree with the final decision, you may request an independent third party, mutually agreed upon by VSP and OPM, to review the decision.

The decision of the independent third party is binding and is the final review of your claim. This decision is not subject to judicial review.

To initiate this process, you must submit the request for independent review to VSP, which has contracted with multiple, independent review organizations (IRO) that are fully accredited by URAC (a not-for-profit entity originally known as the Utilization Review Accreditation Commission).

VSP Vision Care
Attn: Claim Appeals
P.O. Box 2350
Rancho Cordova, CA 95741

You will be timely notified of the IRO decision.

Section 9 Definitions of Terms We Use in This Brochure

Annuitants	Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
BENEFEDS	The enrollment and premium administration system for FEDVIP.
Benefits	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
Enrollee	The Federal employee, annuitant, or TRICARE-eligible individual enrolled in this plan.
FEDVIP	Federal Employees Dental and Vision Insurance Program.
Plan Allowance	The amount VSP uses to determine payment for covered services. If you choose to see an out-of-network provider due to not having access to at least one VSP doctor within 15 miles in urban areas or one VSP doctor within 35 miles in rural areas, the plan allowance is based on the 75th percentile of the VSP doctor's usual and customary fees. You are responsible for any difference between the amount billed and VSP's payment.
Pre-Authorization	This is the procedure used by the plan to pre-approve services and the amount that the plan will cover.
Sponsor	Generally, a sponsor means the individual who is eligible for medical or dental benefits under 10 U.S.C. chapter 55 based on their direct affiliation with the uniformed services (including military members of the National Guard and Reserves).
TEI certifying family member	Under circumstances where a sponsor is not an enrollee, a TEI family member may accept responsibility to self-certify as an enrollee and enroll TEI family members.
TRICARE-eligible individual (TEI) family member	TEI family members include a sponsor's spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in a sponsor's legal custody by a court. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.
We/Us	VSP
You	Enrollee or eligible family member.

Stop Health Care Fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premiums.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your Vision Benefit Statement, which is available online at www. vsp.com**.**
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
  - Call the provider and ask for an explanation. There may be an error.
  - If the provider does not resolve the matter, call us at **the VSP Fraud Watch Hotline at 800-877-7236 or TTY 711 or via e-mail at contactSIU@vsp.com.**
- Do not maintain as a family member on your policy:
  - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
  - Your child over age 22 (unless they are disabled and incapable of self-support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure prior to submitting your enrollment or obtaining benefits.

Fraud or intentional misrepresentation of material fact is prohibited under the Plan. You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan, or enroll in the plan when you are no longer eligible.

Summary of Benefits

- **Do not rely on this chart alone**. This page summarizes specific expenses VSP covers; please review the individual sections of this brochure for more detail.
- If you want to enroll or change your enrollment in this plan, please visit www. BENEFEDS.gov or call **877-888-FEDS (877-888-3337), TTY number 711 International: 1-571-730-5942**.

Option	You Pay	
High Option Benefits	**In-network**	**Out-of-Network**
Eye Exam - WellVision Exam, a comprehensive eye exam that focuses on your eyes and overall wellness.	$10 copay $0 copay at Premier Edge locations	**Copay may apply** Reimbursed up to $45 International* up to $65
PrescriptionEyewear: **Lenses** – Glass or plastic single vision, lined bifocal, lined trifocal and lenticular lenses.	$0 copay for exam and/or glasses/necessary contact lenses at Premier Edge locations $10 copay for exam and/or glasses/necessary contact lenses	**Copay may apply** **Reimbursed up to:** Single vision $45 Lined bifocal $65 Lined trifocal $85 Lenticular $125 **International* up to:** Single vision $55 Lined bifocal $75 Lined trifocal $95 Lenticular $125
Lens Enhancements: Popular lens enhancements, including:		
• Impact-resistant lenses (polycarbonate)	$0	Not Available
• Scratch-resistant coating	$0	Not Available
• TechShield anti-reflective coatings	$0	Not available
• Other anti-reflective coatings	$21-$65	Not Available
• Tints	$0	Not Available
• UV protection	$0	Not Available
• Light-reactive lenses, such as SunSync (clear indoors, dark outdoors)	$0	Not Available
• Standard progressive lenses	$0	**Copay may apply**
• Premium progressive lenses	$95-$105	Reimbursed up to $65
• Custom progressive lenses	$150-$175	International* up to $75
Frames	**Copay may apply**	**Copay may apply** Reimbursed up to $47

High Option Benefits - continued on next page

Option	You Pay	
High Option Benefits (cont.)	**In-network**	**Out-of-Network**
Frame allowance can be used towards one frame every calendar year Featured Frame Brands at most in-network locations OR any frame at Visionworks and Eyemart Express. OR Standard frame allowance at in-network locations (including Walmart/Sam's Club)	**Copay may apply** Covered up to $250 $200	**Copay may apply** Reimbursed up to $47 International* up to $120
Contact Lenses and Contact Lens Services (instead of glasses) When you choose contacts instead of glasses, your $150 allowance applies to the cost of the contacts.	$150 allowance for contacts Contact lens exam (fitting and evaluation) Up to $55 copay.	**Copay may apply** Reimbursed up to $105 International* up to $105
Medically Necessary Contact Lenses (instead of glasses) Necessary contact lenses are a plan benefit when specific benefit criteria are satisfied and when prescribed by covered person's VSP network doctor or out-of-network provider. Review and approval by VSP are not required for covered person to be eligible for necessary contact lenses.	$10 copay $0 copay at Premier Edge locations	**Copay may apply** Reimbursed up to $210 International* up to $210
Additional Savings** Prescription Glasses • Average 30% savings on all other lens enhancements • 20% savings on additional glasses and sunglasses from any VSP network doctor within 12 months of your last covered exam • 20% savings on amount over the frame allowance and on additional eyewear Contacts • 15% savings on the cost of contact lens exam (fitting and evaluation) Laser Vision Correction • Average 15% off the regular price; discounts available at contracted facilities. Retinal Screening • Pricing on retinal screening not to exceed $39 as an enhancement to your WellVision Exam for members without diabetes.	Available	Not available

High Option Benefits - continued on next page

Option	You Pay	
High Option Benefits (cont.)	**In-network**	**Out-of-Network**
**Based on applicable laws. Benefits may vary by doctor location. See your doctor for pricing. Coverage with a retail chain may be different or not apply.	Available	Not available
Low Vision Coverage • Low vision exams and low vision aids, every two years Low vision benefits must be pre-authorized. If approved, covered every two years	Up to $1,000 maximum	Not Available
VSP KidsCare • Two exams that focus on eye and overall wellness for dependents under age 18. • An additional set of lenses (or contacts) is covered in the same plan year, if needed. Minimum prescription change is required.	Any plan copays/allowances for exam and/or materials apply towards additional services.	Not Available
VSP LightCare Visit a VSP network doctor and choose either prescription eyewear coverage or use your benefit toward ready-made: • Non-prescription sunglasses or • Non-prescription blue light filtering glasses	**Copay may apply** Use frame allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue-light filtering glasses, instead of prescription glasses or contacts.	**Copay may apply** Up to out-of-network reimbursement schedule for frame
Essential Medical Eye Care • Includes an annual diabetic retinal screening with a $0 copay. • Helps treat immediate issues, such as pink eye or sudden changes in vision. • Helps with treatment to monitor ongoing conditions, such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$0 copay	Not available

**International Out-of-Network is reimbursed 75% of billed charges up to scheduled amounts.*

	You Pay	
Standard Option Benefits	**In-Network**	**Out-of-Network**
Eye Exam - WellVision Exam, a comprehensive eye exam that focuses on your eyes and overall wellness.	$10 copay $0 copay at Premier Edge locations	**Copay may apply** Reimbursed up to $45 International* up to $65
PrescriptionEyewear **Lenses -** Glass or plastic single vision, lined bifocal, lined trifocal and lenticular lenses.	$20 copay for lenses, frames, or necessary contact lenses.	**Copay may apply** **Reimbursed up to:** Single Vision - $45 Lined bifocal - $65 Lined trifocal - $85 Lenticular - $125 **International* up to:** Single Vision - $55 Lined bifocal - $75 Lined trifocal - $95 Lenticular - $125
Lens Enhancements		
Popular lens enhancements, including:	$0	Not Available
Impact-resistant lenses (polycarbonate)	$0	Not Available
UV protection	$0	Not Available
Scratch-resistant coating	$0	Not Available
Anti-reflective coating	$41-$85	Not Available
Tints	$15-$17	Not Available
Standard progressive lenses	$0	**Copay may apply**
Premium progressive lenses	$95-$105	Reimbursed up to $65
Custom progressive lenses	$150-$175	International* up to $75
Frames	**Copay may apply**	**Copay may apply**
Frame allowance can be used towards one frame every calendar year		Reimbursed up to $47 International* up to $120
Featured Frame Brands at most in-network locations OR any frame brand at Visionworks and Eyemart Express.	Covered up to $200	
OR		
Standard frame allowance at in-network locations (including Walmart or Sam's Club)	Covered up to $150	

Standard Option Benefits - continued on next page

	You Pay	
Standard Option Benefits (cont.)	**In-Network**	**Out-of-Network**
Contact Lenses and Contact Lens Services (instead of glasses) When you choose contacts instead of glasses, your $120 allowance applies to the cost of the contacts.	Covered up to $120 Contact lens exam (fitting and evaluation) Up to $55 copay	**Copay may apply** Reimbursed up to $105 International* up to $105
Additional Savings** Prescription glasses • Average 30% savings on all other lens options • 20% savings on additional glasses and sunglasses from any VSP network doctor within 12 months of your last covered eye exam • 20% savings on amount over the frame allowance and on additional eyewear Contact lens care • 15% savings on the cost of contact lens exam Laser vision correction • Average 15% off the regular price; discounts available at contracted facilities. Retinal screening • Pricing on retinal screening not to exceed $39 as an enhancement to your WellVision Exam for members without diabetes. **Based on applicable laws. Benefits may vary by doctor location. See your doctor for pricing. Coverage with a retail chain may be different or not apply.	Available	Not Available
Low Vision Coverage • Low vision exams and low vision aids, every two years Low vision benefits must be pre-authorized. If approved, covered every two years.	Up to $1,000 maximum	You must pay the provider at the time of visit and submit claims to VSP for partial reimbursement. If your claim is approved, you will be reimbursed up to the maximum payable to a VSP network doctor.
VSP KidsCare • Two exams that focus on eye and overall wellness for dependents under age 18. • An additional set of lenses (or contacts) is covered in the same plan year, if needed. Minimum prescription change is required.	Any plan copays/allowances for exam and/or materials apply towards additional services.	Not Available

Standard Option Benefits - continued on next page

	You Pay	
Standard Option Benefits (cont.)	**In-Network**	**Out-of-Network**
LightCare Visit a VSP network doctor and choose either prescription eyewear coverage or use your benefit toward ready-made: • Non-prescription sunglasses or • Non-prescription blue light filtering glasses	**Copay may apply** Use frame allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.	Not available
Essential Medical Eye Care • Includes an annual diabetic retinal screening with a $0 copay. • Helps treat immediate issues, such as pink eye or sudden changes in vision. • Helps with treatment to monitor ongoing conditions, such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$0 copay	Not available

**International Out-of-Network is reimbursed 75% of billed charges up to scheduled amounts.*

Notes

Notes

Rate Information

VSP is a nationwide vision plan that does not require rating regions. The following are nationwide and international rates.

Standard - Bi-Weekly			Standard - Monthly		
Self Only	**Self Plus One**	**Self and Family**	**Self Only**	**Self Plus One**	**Self and Family**
$3.58	**$7.16**	**$10.75**	**$7.76**	**$15.51**	**$23.29**

High - Bi-Weekly			High - Monthly		
Self Only	**Self Plus One**	**Self and Family**	**Self Only**	**Self Plus One**	**Self and Family**
$6.72	**$13.46**	**$20.19**	**$14.56**	**$29.16**	**$43.75**