

**PENSACOLA STATE COLLEGE**  
**VSP Plan**

Policy #: 010-42479



*Vision Plan Benefits*

	VSP Choice Network	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$45
Single Vision Lenses	Covered in full	Up to \$30
Bifocal Lenses	Covered in full	Up to \$50
Trifocal Lenses	Covered in full	Up to \$65
Lenticular Lenses	Covered in full	Up to \$100
Progressive Lenses	See lens options	NA
Frames	\$150	\$70
Contacts (standard) fit & follow up exam	Member cost up to \$55	\$0
Contacts (elective)	Up to \$150	Up to \$105
Contacts (medically necessary)	Covered in full	Up to \$ 210

*Deductible*

Annual Eye Exam	\$10	\$10
Eyeglass Lenses or Frames	\$0	\$0

*Benefit Frequencies (months)*

*Based on Date of Service*

Exam/Lens/Frame	12/12/24
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*Member cost for lens options (May vary by prescription, options chosen and retail location)*

Progressive Lenses	Up to provider's contracted fee for lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge.	Up to Lined Bifocal allowance
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Rates - 26 Payroll Deductions*

Employee only	\$4.01
Employee & Spouse	\$8.01
Employee & Child(ren)	\$7.44
Employee & Spouse & Child(ren)	\$11.41

*Rates - 19 Payroll Deductions*

Employee only	\$5.48
Employee & Spouse	\$10.96
Employee & Child(ren)	\$10.18
Employee & Spouse & Child(ren)	\$15.62

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## VSP Network

With access to the largest network of independent doctors, VSP members receive services at rates well below walk-in prices at more than 36,000 doctors nationwide. Find a provider at <https://www.vsp.com>



**4,500**

retail chain affiliates such as



The largest network of independent doctors



94% of VSP doctors offer early morning or evening appointments and access to 24-hour emergency care



No claim forms to complete when you see a VSP doctor



Out-of-network benefits can be used at



## Online In-network Options

[Eyeconic.com](https://www.vsp.com) is in-network online eyewear store - which means you won't have to pay the full price now, then wait to be reimbursed later. Your vision benefits will be applied directly to your online order. Eyeconic FAQ:

<https://www.vsp.com/eyewear-question.html>

## Customer Service

VSP 800-877-7195 [www.vsp.com](https://www.vsp.com)

Mon-Fri 5am-8am, Sat 7am-8pm, Sun 7am-7pm (PST)

## Additional Savings

Find More VSP exclusive member savings offers at <https://www.vsp.com/optical-discounts.html>

When you visit a VSP network provider you'll save:



20% off remaining frame balance



20-25% off non-covered lens options such as UV coating & polycarbonate



20% off non-covered complete prescription glasses



15% off LASIK and PRK laser surgery retail price or



5% off promotion price

Based on applicable laws, reduced costs may vary by doctor location.

## Laser Vision Surgery

Your vision plan provides an average discount of 15% on LASIK and PRK. Your maximum out-of-pocket per eye is \$1,800 for LASIK, \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP Provide must coordinate the procedure. Getting started is simple; just follow the steps at <https://www.vsp.com/lasik.html>

Based on applicable laws, reduced costs may vary by doctor location.

## Rx Savings

Save on Prescription medications at 60,000 Pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. Just Present your Rx savings card. To access and print your Rx savings cards, visit [ameritas.com](https://www.ameritas.com), register/sign in to your secure member account and select member savings. This discount is offered at no additional cost and is not insurance.

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