

Your VSP Vision Benefits Summary



You'll like what you see with VSP.

The State of Rhode Island and VSP provide you with a choice of affordable vision plans—choose the plan that's right for you. As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

VSP Coverage Effective Date: 01/01/2020

Anchor Vision

VSP Provider Network: VSP Choice

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0
Prescription Glasses		\$30
Frame	<ul style="list-style-type: none"> \$100 allowance for a wide selection of frames \$120 allowance for featured frame brands 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Tints & Photochromic lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year 	\$0 \$0 \$55 \$95 - \$105 \$150 - \$175
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$30 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$30

Anchor Vision Plus

VSP Provider Network: VSP Choice

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0
Prescription Glasses		\$30
Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Tints & Photochromic lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year 	\$0 \$0 \$55 \$95 - \$105 \$150 - \$175
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$30

Extra Savings	Glasses and Sunglasses
	Retinal Screening
	Laser Vision Correction

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.

Contact us. [800.877.7195](tel:800.877.7195) | vsp.com

VSP guarantees coverage from VSP network providers only. 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.

1. Brands/Promotion subject to change.
2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

©2018 Vision Service Plan. All rights reserved.
VSP, VSP Vision care for life, eyeconic.com and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.