vsp vision care

WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

A look at your Blue Precision Vision coverage

See healthy. Live happy.

With Blue Precision Vision from VSP (provided by United Concordia Dental), you get personalized care from in-network vision doctors at an affordable cost. Plus, you get friendly member service from our partner VSP® Vision Care.

Quality vision care you need.

You'll get great care from an in-network doctor, including a WellVision Exam®—an annual exam designed to detect eye and health conditions.

vsp PREMIER edge

It's easy to find a nearby in-network doctor. Maximize your plan with exclusive savings offers at Premier Program locations including private practice doctors and retail locations.

eyeconic

Use your benefits online.

Visit eyeconic.com—the in-network online store for glasses, contacts, and sunglasses.

Value and savings you'll appreciate.

Save on eyewear and eye care when you see an in-network doctor. Plus, save even more with special member savings and offers.

Provider network:

VSP Choice

Blue Precision Vision Standard Plan		
Benefit	**Description**	**Copay**
YOUR COVERAGE WITH IN-NETWORK DOCTORS		
WellVision Exam Every 12 months	• Focuses on your eyes and overall wellness	$25
Prescription Glasses		$25
Frames Every 24 months	• $170 Featured Frame Brands allowance • $150 frame allowance • 20% savings on the amount over your allowance • $80 Costco* frame allowance	Included in Prescription Glasses
Lenses Every 12 months	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children up to age 18	Included in Prescription Glasses
Lens Enhancements Every 12 months	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements, including impact-resistant lenses for adults	$0 $95–$105* $150–$175*
Contacts (Instead of Glasses) Every 12 months	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Medically necessary (covered in full after plan copay)	Up to $60*
Additional Savings	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at vsp.com/offers. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. **Routine Retinal Screening** • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam **Laser Vision Correction** • National average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	

Log in to vsp.com to find an in-network provider based on your plan type.

Contact us: 800-877-7195 or vsp.com

Classification: Restricted

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*Amounts listed are not copays and represent additional out-of-pocket costs based on discounted services and materials and in-network providers and participating retail locations. Availability of VSP Premier Edge may vary. Eyeconic is a VSP-affiliated company.

Vision policies cover vision benefits only. Benefits administered by Vision Service Plan (in California, d/b/a VSP-Vision Service Administrator). Administrative and claims offices located at Vision Service Plan, Attention: VSP, PO Box 495933, Cincinnati, OH 45249 (phone: 800-877-7195). Members are encouraged to seek care from any willing provider. Coverage, out-of-pocket expenses and access to discounted materials and services may vary based on participation status. This policy has exclusions, limitations, and reduction of benefits which may affect benefits payable. For costs and complete details of the coverage, call your insurance agent or the company. Policies or their provisions may vary or be unavailable in some states. See the plan documents or your account representative for specific provisions and details of availability. References to "discounts" and "savings" refer to discounts on services and materials that may be available at retail locations or provider offices depending on affiliation status of provider.

Your coverage with out-of-network providers

Get the most out of your benefits and greater savings with an in-network doctor.

When you visit an out-of-network doctor, you pay the entire cost out of pocket. You'll need to submit a claim form for reimbursement. The same frequencies apply as with your in-network benefits.

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Benefit	Reimbursement
Exam	$45
Frames	$70
Single Vision Lenses	$30
Bifocal Lenses	$50
Trifocal Lenses	$65
Lenticular Lenses	$100
Progressive Standard*	$50
Progressive Premium	$50
Progressive Custom	$50
Elective Contacts	$105
Medically Necessary Contacts	$210

*Progressive lens allowance matches bifocal allowance.