

Connect with new patients. Join additional VSP® Vision Care networks.



Network	VSP We'll automatically enroll you when you join.			Choice We'll automatically enroll you when you join.			Advantage			Medicaid
Plans	VSP Signature Plan®	VSP Exam Plus SM Plan*	VSP Access Plan®*	VSP Choice Plan®	Choice Exam Plus Plan*	VSP Vision Savings Pass	VSP Advantage Plan SM	VSP Essentials Plan	VSP Elements Plan ^{***}	Medicaid
Eye Exam	✓	✓	80% of U&C	✓	✓	\$50 or 80% of U&C	✓	✓	✓	Check state guidelines
Lenses	✓	80% of U&C		✓	80% of U&C	✓ or fixed pricing, see VSP Manual	✓	✓	✓	Basic lenses covered per state guidelines
Frame	✓	80% of U&C		✓	80% of U&C	See VSP Manual	✓	✓	✓	Check state guidelines
Frame Overage	80% of U&C	80% of U&C		80% of U&C	80% of U&C	N/A	80% of U&C		N/A	Check state guidelines
Elective Contact Lens Services	85% U&C									N/A
Additional Glasses and/or Contact Lens Services	70% of U&C on same-day glasses,** 80% of glasses,** 85% of contact lens services for 12 months following exam	80% of glasses,** 85% of contact lens services for 12 months following exam		80% of glasses,** 85% of contact lens services for 12 months following exam		Unlimited at fixed pricing	80% of glasses,** 85% of contact lens services for 12 months following exam		Varies by base plan	N/A
Laboratory	Contract labs	Private labs		Varies by region	Private labs	Varies by region	Varies by region		Participating lab	Private labs, unless state guidelines differ
Patient Options	✓	80% of U&C		✓ or 80% of U&C	80% of U&C	✓ or 80% of U&C	✓ or 80% of U&C	80% of U&C	✓ or 80% of U&C	N/A

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*Also available with allowances
 **When a patient purchases a complete pair
 ***Also available on Signature and Choice Networks
 ✓Established reimbursement amount