

# A Look At Out-of-Network Your VSP Vision Coverage

With VSP and SOUTHWESTERN OHIO EPC,  
your health comes first.



## Out-of-Network VSP Reimbursements

Your plan provides the following out-of-network reimbursements up to the following amounts listed amounts below:

Exam.....up to \$50	Lined Bifocal Lenses .....up to \$75	Progressive Lenses ..... up to \$75
Frame ..... up to \$70	Lined Trifocal Lenses ..... up to \$100	Contacts .....up to \$105
Single Vision Lenses .....up to \$50		

## How to Submit Out-of-Network Claims

### Online or By Mail

Go to [www.vsp.com](http://www.vsp.com) to log into your account and complete the Internet form. You can also create an account there if you don't have one yet.

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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

VSP guarantees member satisfaction from VSP 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. TruHearing is not available directly from VSP in the states of California and Washington.

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