



VSP vision coverage

With VSP and Sentara Health Plans, your health comes first for the Commonwealth of Virginia



As a VSP® member, you have access to savings and personalized vision care from a VSP network doctor.

Using your VSP benefit is easy. Follow these steps:

1. Create an account at **sentarahealthplans.com/members**. Review your personalized benefit information.
2. Find a network eye doctor who's right for you. Select *Vision Care Benefits* in the *Benefits and Coverage* section. Find a doctor and more from your VSP dashboard.
3. At your appointment, tell the provider you have VSP. Present your Sentara Health Plans member ID card.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP network doctor.

Importance of an eye exam:

Your VSP network doctor will help keep you and your eyes healthy with a WellVision Exam®—an annual eye exam that can detect signs of health conditions such as glaucoma, diabetes, and macular degeneration.

Early diagnosis, especially with the rapid growth of pre-diabetes and diabetes, gets you the personalized care you deserve to manage your health and feel your best.

Need help or have questions?

Please call Sentara Health Plans at **1-866-846-2682** (TTY: **1-800-428-4833**) or visit **sentarahealthplans.com/cova**

VSP Member Services is available:

Monday through Saturday,
9 a.m.–8 p.m. (Eastern Time)

Benefits summary

Sentara Health Plans and VSP provide you with an affordable eye care plan



Doctor Network: VSP Choice

Your coverage with a VSP provider	
Benefit	Cost share
Routine exam with dilation as necessary	\$15 copayment
Retinal imaging	*Up to \$39
Contact lens exams	
Standard contact lens fit and follow-up	*Up to \$40
Premium contact lens and follow-up	*Up to \$40
Frames	
Frames	No copayment up to a \$100 allowance 20% off amounts over the allowance
Standard plastic lenses	
Single vision	\$20 copayment
Bifocal	\$20 copayment
Trifocal	\$20 copayment
Standard progressive lenses	\$55 copayment
Premium progressive lenses	\$85 copayment
Lens options	
UV treatment	\$10 copayment
Tint (solid and gradient)	\$15 copayment
Standard plastic scratch coating	\$15 copayment
Standard polycarbonate adults	*Up to \$31 for single vision and \$35 for multifocal
Standard polycarbonate kids under 19	No charge
Standard anti-reflective coating	*Up to \$41
Polarized	20% discount
Other add-ons	20% discount
Contact lens	
Conventional	No copayment up to a \$100 allowance. Members receive 15% off amounts over the allowance.
Disposable	No copayment up to a \$100 allowance. Members are responsible for all amounts over the allowance.
Additional pairs benefit	40% off additional pairs
Medically necessary	No copayment, covered in full
Other	
Lasik or prk from us laser network	Member will receive 15% discount off the retail price or a 5% discount off a promotional price.

*Provider may charge you a copayment up to this amount.

Sentara Health Plans is the trade name of Sentara Health Plans, Sentara Health Insurance Company, Sentara Health Administration, Inc., and Sentara Behavioral Health Services, Inc.