

VSP Vision Coverage



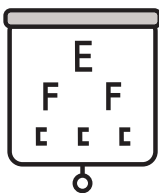
With VSP and Sentara Health Plans, your health comes first.

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? Contact Sentara Health Plans.

Visit sentarahealthplans.com/cova

Call **1-866-846-2682**

TTY **1-800-428-4833**

VSP Member Services is available:

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

For more information, visit:
sentarahealthplans.com/cova

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.