

# Commonwealth of Virginia

## VSP Vision Coverage



### With VSP and Optima Health, 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 [optimahealth.com/members](https://optimahealth.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 Optima Health 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 Optima Health.

Visit [optimahealth.com/cova](https://optimahealth.com/cova)

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

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

#### VSP Member Services is available:

Monday through Saturday, 9:00 a.m.–8:00 p.m. (Eastern Time)



For more information, visit:  
[optimahealth.com/cova](https://optimahealth.com/cova)

OptimaHealth 

# Benefits Summary

Optima Health 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.

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