



# A LOOK AT YOUR VSP VISION COVERAGE

**WITH VSP AND ALIGN POWERED BY SANFORD  
HEALTH PLAN, YOUR HEALTH COMES FIRST.**

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

## Using your VSP benefit is easy.

- 1. Create an account at [vsp.com](http://vsp.com).** Review your personalized benefit information.
- 2. Find a network eye doctor who's right for you.**  
Visit [vsp.com/advantageonly](http://vsp.com/advantageonly) or call 844.344.4768.
- 3. At your appointment, tell them you have VSP.** Present your health plan medical ID card to your network doctor.

**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 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.

Contact us.

Visit [vsp.com](http://vsp.com)

Call 844.344.4768

TTY 711

VSP Member Services is available:

Monday – Friday, 8:00 am - 8:00 pm (all time zones)

Saturday – Sunday, 8:00 am - 8:00 pm (all time zones)

Classification: Restricted

# Your VSP Vision Benefits Summary



Sanford Health Plan and VSP provide you with an affordable eye care plan.

Doctor Network: Advantage  
Plan Effective Date:  
01/01/2025

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Network Doctor</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$0	Every calendar year
<b>Prescription Glasses</b>		<b>\$0</b>	
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$100 allowance towards a frame of your choice</li> <li>20% savings on the amount over your allowance</li> </ul>	Included with prescription glasses	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> </ul>	Included with prescription glasses	Every other calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Members can elect many popular lens enhancements at additional costs</li> <li>Average savings of 20% on other lens enhancements</li> </ul>	N/A	Every other calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$100 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every other calendar year
<b>VSP guarantees coverage from VSP network doctors only.</b>			
Log in to <a href="http://vsp.com">vsp.com</a> to find an in-network provider. Your plan provides the following out-of-network reimbursements:			
Exam: 50% Coinsurance	Lens: 50% Coinsurance	Frame: up to \$100	ECL: up to \$100

Contact us. [vsp.com](http://vsp.com) | 844.344.4768

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](http://vsp.com).

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Sanford Health Plan and Sanford Health Plan of Minnesota have HMO and PPO plans with a Medicare contract. Sanford Health Plan D-SNPs have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or any other classification protected under the law. This information is not a complete list of benefits. Benefits, and/or copayments may change on January 1 of each year. Limitations, copayments, and restrictions may apply Call (888) 278-6485 (TTY: (888) 279-1549) from 8 a.m. to 8 p.m. CST, 7 days a week for more information.

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