

Coordination of Benefits

When a VSP member and spouse each have coverage with VSP as an eligible employee, coordination of benefits is available. The following outline explains the three options for each family member.

One Service (one pair of glasses or contact lenses)

When one service is obtained (either one complete pair of glasses or one supply of contact lenses), the benefits can be coordinated to help pay for copayment(s) (if any), lens options, frame overage, or contact lens overage. Only services used on the primary benefit may be used for coordinating with the like services on the secondary benefit. Secondary allowances are applied first to the same service or product of the primary plan. WellVision benefits may only be coordinated with services provided for WellVision care.

Two Services (two pairs of glasses or glasses and contact lenses)

When two complete services are obtained, the secondary exam amount may be applied to any out-of-pocket expenses on either service, if an exam was obtained on the primary benefit.

Services from VSP Preferred Providers

When a patient applies for coordination of benefits, it is mandatory for the patient to tell the VSP doctor about both coverages. The patient will also need to provide the VSP doctor with both member identification numbers.

By coordinating the benefit, VSP can offset the patient's out-of-pocket expenses. However, in some cases the cost of corrective eyewear is very expensive. In which case, the patient would be responsible for the costs not covered by both benefits. The VSP doctor will inform the patient in this case. When services are obtained from an out-of-network provider, the itemized bill must be returned to VSP with patient information on both plan coverages.

Services from Other Providers

VSP will reimburse the patient according to each benefit's out of network schedule of allowances, not to exceed the actual exam fee and the cost of corrective eyewear.