

Member Vision Card

[Print Card](#)

Your card is a summary of your benefits and includes information to help you manage your vision. It's only available for the primary subscriber and is not required to receive services.

Print and save this card for future reference and you can always return to vsp.com for your plan benefits and eligibility information.

Member: Michael J Leitch



Coverage Type: Family

Client ID: 12284390 0001 0001

Doctor Network: VSP Signature

Copays:

Exam: \$10.00 Materials: \$25.00

For more about your coverage
visit vsp.com, or call 800.877.7195.

08/15/2010

Using your VSP® benefit is easy.

- Find the eyecare provider who's right for you.
To find a VSP doctor, visit vsp.com or call **800.877.7195**.
- Review your benefit information at vsp.com before your appointment.
- At your appointment, tell them you have VSP.

My Eyecare Provider: _____

Phone: _____

This card is not required for service and does not guarantee benefit eligibility. It is for use by VSP members. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.