

MEMBER NAME:

MEMBER ID: This may be the last four digits of your Social

Security number or a unique ID number

COVERAGE TYPE:

DOCTOR NETWORK: - Chool Ce

COPAYS:

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

You'll get the most out of your benefits when you choose a VSP® network doctor who participates in the Premier Program. When you choose the Premier Program experience, you'll enjoy exclusive offers and services at one convenient location.



This card isn't required for service and doesn't guarantee benefit eligibility. It's for use by VSP members, in the event of a conflict between this information and your openazation's contract with VSP, the terms of the confract will prevail that members, your VSP coverage is provided by Vision Service Insurance Plan Company and in regulated by the State of that insurance Division Washington members, you VSP coverage is required by VSP Vision Care, line.

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