



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:

COPAYS:

For more about your coverage, visit [vsp.com](https://www.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 organization's contract with VSP, the terms of the contract will prevail. Utah members, your VSP coverage is provided by Vision Service Insurance Plan Company and is regulated by the State of Utah Insurance Division. Washington members, your VSP coverage is provided by VSP Vision Care, Inc.

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