



Protect your child's vision with VSP.

New Mexico Health Connections High Deductible Health Plan (HDHP) partners with VSP to provide vision coverage for children.



Your child is fully covered for an eye exam and glasses or contacts every year.

Your child's eyes deserve the best care to keep them healthy year after year. Plus, with VSP, you'll get a great value on eye care and eyewear for your child.

You'll like what you see with VSP.

Log in to vsp.com to:

- Find a VSP doctor who's right for your child.
- Review your child's benefit information and plan coverage before an appointment.
- At the appointment, tell them your child has VSP. Make sure to give your provider your health plan medical ID card for proof of coverage.

That's it! We'll handle the rest—there are no claim forms to complete when your child sees a VSP doctor.

Eye Exams for Children

Eighty percent of what we learn is through our eyes. Many states require that children get a comprehensive eye exam before kindergarten. Schedule an eye exam for your child at the beginning of every school year and start the year off right. Visit vsp.com to find a VSP doctor who specializes in pediatric eye care.

Visit vsp.com for more details on your child's vision benefit and the exclusive savings and promotions for VSP members.

Contact us.
vsp.com | 855.332.6193

Your VSP Vision Benefits Summary

Taking care of your child's eyes with VSP includes a covered-in-full benefit outlined below. You'll have access to the highest quality vision care from a VSP doctor you can trust. Visit vsp.com to find a doctor who's right for your child and one who carries children's frames from our exclusive Otis & Piper™ Eyewear Collection.

VSP Provider Network: VSP Choice

Your coverage with a VSP Choice Doctor Child Coverage – up to 19 years old, prior to meeting deductible your child is covered for an annual eye exam *			
Benefit	Description	VSP Network Doctor Copay (Your Cost)	Out-of-Network*
WellVision Exam®	<ul style="list-style-type: none"> A thorough eye exam that tests for childhood eye health and vision issues, like nearsightedness, amblyopia (lazy eye), and strabismus (cross-eye) 	<p>No Charge</p> <p>Covered once per 12-months</p>	You pay 50% of the provider's billed amount.
Prescription Glasses *If your child gets glasses or contacts before deductible is met, you are responsible for the cost of eyewear. Send summary of services and receipts for services paid to NMHC for deductible tracking.			
Frames	<ul style="list-style-type: none"> Frames from our exclusive Otis & Piper Eyewear Collection 	<p>No Charge after Deductible</p> <p>Covered once per 12-months</p>	You pay 50% of the provider's billed amount.
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, or lenticular lenses Polycarbonate, scratch-resistant coating, and UV protection Tints 		
Contacts (Instead of glasses)	<ul style="list-style-type: none"> Contact lens exam and a minimum three-month supply of contact lenses are covered in full. Ask your VSP doctor which contacts qualify for your child's plan. 		
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam <p>Lens Enhancements</p> <ul style="list-style-type: none"> Average savings of 20%-25% on lens enhancements <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
*Your Coverage with Out-of-network Providers Visit vsp.com for details, if you plan to see a provider other than a VSP doctor. You pay 50% of the provider's billed amount.			

Benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP doctors only.

Coverage information is subject to change. In the event of a conflict between this information and the applicable contract, the terms of the contract will prevail.

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