

# Plan A, \$10 Copay

Get access to the best in eye care and eyewear through VSP® Vision Care.

## Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider. Visit vsp.com or call 800.877.7195.
- At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

## **Best Eye Care**

You'll get the highest level of care, including a WellVision Exam®— the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

## Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at **eyeconic.com®**, VSP's preferred online eyewear store.

## **Plan Information**

VSP Coverage Effective Date: 10/01/2018 VSP Provider Network: VSP Signature

SELF-INSURED SCHOOLS OF CALIFORNIA and VSP provide you with an affordable eyecare plan.

Visit **vsp.com** or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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Benefit	Description	Copay				
<u> </u>	Your Coverage with a VSP Provider	Сорау				
	Focuses on your eyes and overall	010 for over				
WellVision Exam	wellness • Every calendar year	\$10 for exam and glasses				
Prescription Glasses						
Frame	\$150 allowance for a wide selection of frames     \$170 allowance for featured frame brands     20% savings on the amount over your allowance     \$80 Costco® frame allowance     Every other calendar year	Combined with exam				
Lenses	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every other calendar year</li> </ul>	Combined with exam				
Lens Enhancements	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> <li>Every other calendar year</li> </ul>	\$50 \$80 - \$90 \$120 - \$160				
Contacts (instead of glasses)	\$150 allowance for contacts and contact lens exam (fitting and evaluation)     15% savings on a contact lens exam (fitting and evaluation)     Every other calendar year	\$O				
	Glasses and Sunglasses  Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.  30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.					
Extra Savings	Retinal Screening     No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam					
	Laser Vision Correction     Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities     After surgery, use your frame allowance (if eligible) for					

#### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit **vsp.com** for plan details.

sunglasses from any VSP doctor

Exam	up to \$35 ,
Frame	up to \$30 ¦
Exam Frame Single Vision Lenses Lined Bifocal Lenses	up to \$25
Lined Bifocal Lenses	up to \$40

ว า	Lined Trifocal Lensesup	to	\$50
5	Progressive Lensesup	to	\$50
)	Contactsup	to	\$90
5	Lined Trifocal Lensesup Progressive Lensesup Contactsup	to to	\$5 \$9

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.