

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CVT - PLAN C \$15 COPAY W/2ND PAIR AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to **eyeconic.com**® and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

GET YOUR PERFECT PAIR EXTRA \$20 + UP 40% TO SPEND ON FEATURED FRAME BRANDS* Debe CALVINKLEIN COLE HAAN FLEXON LACOSTE COLE HAAN FLEXON NINE WEST SEE MORE BRANDS AT VSP.COM/OFFERS.

USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

YOUR VSP VISION BENEFITS SUMMARY

2022-2023

Cotati-Rohnert Park Unified SD



PROVIDER NETWORK: VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$15 for exam and glasses	Every 12 months
PRESCRIPTION GLASSE	S		
FRAME	 \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart/Sam's* Club*, Costco* frame allowance 	Combined with exam	Every 12 months
LENSES	Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Combined with exam	Every 12 months
LENS ENHANCEMENTS	 Standard progressive lenses Tints/Light-reactive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	 \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
ADDITIONAL PAIRS OF	EYEWEAR		
FRAME	 \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart/Sam's Club, Costco frame allowance 	\$20 for frame and lenses	Every 12 months
LENSES	Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Combined with Frame	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	\$120 allowance for additional contacts	\$0	Every 12 months
	 Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provide 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	 Routine 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 sunglasses from any VSP doctor 		
	After surgery, use your frame allowance (if eligible) for sunglasse	es trom any VSP do	octor

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to **vsp.com** to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. 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.

^{*}Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.