

Your VSP Vision Benefits Summary



SWEETWATER UNION HIGH SCHOOL DISTRICT and VSP provide you with an affordable eye care plan.

VSP Coverage Effective Date: 01/01/2018

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none"> \$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 	\$0	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	\$0	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Tints/Photochromic adaptive lenses 	\$0	Every 12 months
	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$95 - \$105 \$150 - \$175	
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	Glasses and Sunglasses		
	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening		
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction		
	<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

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.

Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Contacts	up to \$105
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Tints	up to \$5
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50		

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. This 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.

These are our current vision plan benefits

Contact us. 800.877.7195 | vsp.com

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.
3. Blueocean Market Intelligence National Vision Plan Member Research, 2014

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Option 4 (Voluntary) Current Plan as Base Plan Adding Buy-Up Plan	Option 5 (Voluntary) Current Plan as Base Plan Adding Buy-Up Plan
CHOICE PLAN C \$0 Exam Copay With \$30 CLEX Copay	CHOICE PLAN C \$0 Exam Copay With \$60 CLEX Copay
Covered in full	Covered in full
Covered in full	Covered in full
Covered in full	Covered in full
Covered in full	Covered in full
Covered in full	Covered in full
Photochromics/Tints Progressives/Polycarbonates/UV Covered in full	Photochromics/Tints AR/Progressives/Polycarbonates/UV Covered in full
\$200.00	\$200.00
\$200.00	\$200.00
Covered in full	Covered in full
\$45.00	\$45.00
\$30.00	\$30.00
\$50.00	\$50.00
\$65.00	\$65.00
\$100.00	\$100.00
\$50.00	\$50.00
\$70.00	\$70.00
\$105.00	\$105.00
\$210.00	\$210.00
Option 4 Rates	Option 5 Rates
\$3.15 PEPM \$23.11 Claim Cost	\$3.83 PEPM \$28.07 Claim Cost
\$14.93 - district share = Employee cost \$29.87 - district share = Employee cost \$48.09 - district share = Employee cost	\$18.14 - district share = Employee cost \$36.27 - district share = Employee cost \$58.41 - district share = Employee cost

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The District is offering a supplemental vision option employees can elect into - we're waiting to find out details if all labor groups have to select the same option.