## YOUR VSP VISION BENEFITS SUMMARY

OAK RIDGE SCHOOLS and VSP provide you with an affordable vision plan.

## PROVIDER NETWORK:

**VSP** Choice



07/01/2023



BENEFIT	DESCRIPTION	COPAY	<b>FREQUENCY</b>
	YOUR COVERAGE WITH A VSP PROVIDER	To production to	
WELLVISION EXAM	<ul> <li>Focuses on your eyes and overall wellness</li> </ul>	\$25	Every plan year*
PRESCRIPTION GLASSE	IS		
FRAME	<ul> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart*/Sam's Club*/Costco* frame allowance</li> </ul>	\$0	Every other plan year
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	\$0	Every plan year
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul><li>\$150 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every plan year
DIABETIC EYECARE PLUS PROGRAM <sup>SM</sup>	<ul> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration.     Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 \$20 per exam	As needed
ADDITIONAL PAIRS OF	EYEWEAR		
FRAME	<ul> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart/Sam's Club/Costco frame allowance</li> </ul>	\$0	Every other plan year
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	\$0	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul><li>\$150 allowance for additional contacts</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every plan year
	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/of</li> <li>20% savings on additional glasses and sunglasses, including lens</li> <li>12 months of your last WellVision Exam.</li> </ul>		m any VSP provider with
EXTRA SAVINGS	Routine Retinal Screening  No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	<ul> <li>Laser Vision Correction</li> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

## 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. \*Plan year begins in July

\*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.

Classification: Restricted