

# **Your Vision Benefits Summary**

Get the best in eyecare and eyewear with Coronado Unified SD (with Covered Contact Plan & LVC) and VSP® Vision Care.

## Using your VSP benefit is easy.

- Register at vsp.com.
   Once your plan is effective, review your benefit information.
- Find an eyecare provider who's right for you.
   The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP 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.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more!. Visit **vsp.com** to find a VSP provider who carries these brands.

#### Plan Information

VSP Provider Network: VSP Signature

Benefit	Description	Copay		
Your Coverage with a VSP Provider				
WellVision Exam	Focuses on your eyes and overall wellness     Every 12 months	\$5 for exam and glasses		

Prescription Glasses				
Frame	<ul> <li>\$130 allowance for a wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every 12 months</li> </ul>	Combined with exam		
Lenses	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every 12 months</li> </ul>	Combined with exam		
Lens Enhancements	<ul> <li>Tints/Photochromic adaptive lenses</li> <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 12 months</li> </ul>	\$0 \$50 \$80 - \$90 \$120 - \$160		
Covered Contact Lenses (in addition to glasses)	<ul> <li>Annual supply of contacts</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	\$50		
Additional Coverage	Laser VisionCare Correction Preferred Pro     PEOC par even appearant life time.	ogram		

# • \$500 per eye, once per life time.

Extra

Savings

### 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.

### Retinal Screening

Glasses and Sunglasses

 No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

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

Visit **vsp.com** for details, if you plan to see a provider other than a VSP network provider

voi network provider			
Examu	ıp to \$45	Lined Trifocal Lensesu	ıp to \$85
Frameu	ip to \$47	Progressive Lensesu	ip to \$85
Single Vision Lensesu	ıp to \$45	Contactsu	ıp to \$105
Lined Bifocal Lensesu	ip to \$65	Tintsu	ip to \$5

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.