# Your VSP Vision Benefits Summary

NEWPORT NEWS PUBLIC SCHOOLS and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
Ва	sic Plan Coverage with a VSP Provider		Hig	gh Plan Coverage with a VSP Provider	
WELLVISION EXAM	Focuses on your eyes and overall wellness     Every 12 months	\$10	WELLVISION EXAM	Focuses on your eyes and overall wellness     Every 12 months	\$10
ESSENTIAL MEDICAL EYE CARE	Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed	\$0 per screening \$20 per exam	ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES \$20 PRESCRIPTION GLASSES				GLASSES	\$20
FRAME <sup>*</sup>	\$160 featured frame brands allowance     \$140 frame allowance     20% savings on the amount over your allowance     \$75 Walmart*/Sam's Club*/Costco* frame allowance     Every 24 months	Included in Prescription Glasses	FRAME⁺	\$160 featured frame brands allowance     \$140 frame allowance     20% savings on the amount over your allowance     \$75 Walmart*/Sam's Club*/Costco* frame allowance     Every 12 months	Included in Prescription Glasses
LENSES	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 24 months	Included in Prescription Glasses	LENSES	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months	Included in Prescription Glasses
LENS ENHANCEMENTS	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 24 months	\$0 \$95 - \$105 \$150 - \$175	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> <li>Every 12 months</li> </ul>	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	\$140 allowance for contacts; copay does not apply     Contact lens exam (fitting and evaluation)     Every 24 months	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	\$140 allowance for contacts; copay does not apply     Contact lens exam (fitting and evaluation)     Every 12 months	Up to \$60
EXTRA SAVINGS	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>				
	<ul> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>				
	Laser Vision Correction				

#### YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.

• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

†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. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP 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. TruHearing is not available directly from VSP in the states of California and Washington.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

### 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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

#### Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Preferred private practice and retail in-network choices

private practice doctors

Visionworks

#### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual 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.

## 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.



More Ways to Save

Extra

\$20

to spend on Featured Brands<sup>†</sup>

bebe

CALVIN KLEIN

COLE HAAN

FLEXON



See all brands and offers at vsp.com/offers.



Up to

40%

Savings on lens enhancements: