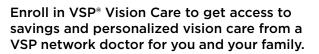
A Look at Your VSP Vision Coverage

With VSP and NEWPORT NEWS PUBLIC SCHOOLS, your health comes first.



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.



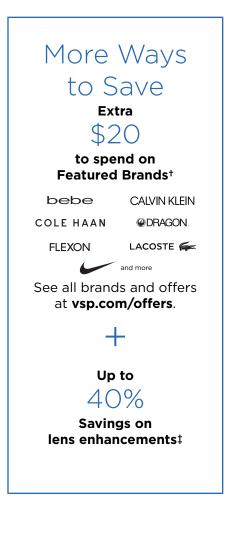
Quality vision care you need.

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.

vision care



Enroll through your employer today. Contact us: **800.877.7195** or **vsp.com**

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
Ba	sic Plan Coverage with a VSP Provider		Hi	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
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	 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
PRESCRIPTION	GLASSES	\$20	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 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
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
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	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 12 months
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
	Glasses and Sunglasses • Extra \$20 to spend on featured frame br • 20% savings on additional glasses and su			s. its, from any VSP provider within 12 months o

ents, 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

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.

*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.

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PROVIDER NETWORK:

VSP Choice EFFECTIVE DATE:





COPAY

\$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
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