

Get access to the best in eye care and eyewear with FREMONT UNION HIGH SCHOOL DISTRICT and VSP® Vision Care.

As a VSP member, you have access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

You'll like what you see with VSP.

- Value and Savings. You'll enjoy more value and the lowest out-of-pocket costs.
- High Quality Vision Care. You'll get the best care from a VSP network
 doctor, including a WellVision Exam®—the most comprehensive exam
 designed to detect eye and health conditions. Plus, when you see a VSP
 network doctor, your satisfaction is guaranteed.
- Choice of Providers. The decision is yours to make—choose a VSP network doctor or any out-of-network provider.
- Great Eyewear. It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. 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 bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at **eyeconic.com®**, VSP's preferred online eyewear store.



See why we're consumers' #1 choice in vision care³.

Contact us. **800.877.7195 vsp.com**

Your VSP Vision Benefits Summary



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

VSP	Provider	Network:	VSP Signa	ture

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Benefit	Description	Copay	Frequency		
Your Coverage with a VSP Provider					
WellVision Exam	Focuses on your eyes and overall wellness	\$5 for exam and glasses	Every 12 months		
Prescription Glasses					
Frame	 \$120 allowance for a wide selection of frames \$140 allowance for featured frame brands 20% savings on the amount over your allowance 	Combined with exam	Every 12 months		
Lenses	Single vision, lined bifocal, and lined trifocal lensesPolycarbonate lenses for dependent children	Combined with exam	Every 12 months		
Lens Enhancements	 Tints/Photochromic adaptive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$0 \$50 \$80 - \$90 \$120 - \$160	Every 12 months		
Contacts (instead of glasses)	 \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$ O	Every 12 months		
Primary Eyecare	 Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$5	As needed		
Extra Savings	Glasses and Sunglasses 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				
ŭ	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 After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 				

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.

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Examup to \$45	Lined Bifocal Lensesup to \$65	Contactsup to \$105				
Frameup to \$47	Lined Trifocal Lensesup to \$85	Tintsup to \$5				
Single Vision Lensesup to \$45	Progressive Lensesup to \$85					

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.

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