# Protect your vision with VSP.



### Get the best in eye care and eyewear with BLOOM CARROLL LOCAL SCHOOLS and VSP<sup>®</sup> Vision Care.

Why enroll in VSP? We invest in the things you value most the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

#### 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 provider, including a WellVision Exam<sup>®</sup>—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, 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 care provider who's right for you. 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 bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more<sup>1</sup>. Visit **vsp.com** to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at **Eyeconic.com**, VSP's online eyewear store.

Enroll in VSP today. You'll be glad you did. Contact us. **800.877.7195 vsp.com** 

The Care Facto

## Your VSP Vision Benefits Summary

BLOOM CARROLL LOCAL SCHOOLS and VSP provide you with an affordable eye care plan.



#### VSP Provider Network: VSP Choice

Description	Сорау	Frequency
Your Coverage with a VSP Provider		
<ul> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every other calendar yea
	\$10	See frame and lenses
<ul> <li>\$100 allowance for a wide selection of frames</li> <li>\$120 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$55 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar yea
<ul><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Polycarbonate lenses for dependent children</li></ul>	Included in Prescription Glasses	Every other calendar yea
<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$55 \$95 - \$105 \$150 - \$175	Every other calendar yea
<ul><li>\$105 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every other calendar yea
<ul> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$20	As needed
<ul> <li>20% savings on additional glasses and sunglasses, including lens enh months of your last WellVision Exam.</li> </ul>		any VSP provider within 12
5	ement to a WellVis	sion Exam
<ul><li>Laser Vision Correction</li><li>Average 15% off the regular price or 5% off the promotional price; disc</li></ul>	counts only availa	ble from contracted facilitie
Your Coverage with Out-of-Network Providers		
-		
	0	up to \$5
	Your Coverage with a VSP Provider Focuses on your eyes and overall wellness \$100 allowance for a wide selection of frames \$120 allowance for featured frame brands 20% savings on the amount over your allowance \$55 Costco® frame allowance Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements \$105 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. <b>Classes and Sunglasses</b> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialo 20% savings on additional glasses and sunglasses, including lens enforments of your last WellVision Exam. <b>Retinal Screening</b> No more than a \$39 copay on routine retinal screening as an enhanced <b>Laser Vision Correction</b> Average with <b>Out-of-Network Providers</b> you plan to see a provider other than a VSP network provider.	Your Coverage with a VSP Provider         • Focuses on your eyes and overall wellness       \$10         • \$100 allowance for a wide selection of frames       \$10         • \$100 allowance for featured frame brands       20% savings on the amount over your allowance         • \$55 Costco® frame allowance       Included in Prescription Glasses         • Single vision, lined bifocal, and lined trifocal lenses       Included in Prescription Glasses         • Single vision, lined bifocal, and lined trifocal lenses       \$15         • Polycarbonate lenses for dependent children       Glasses         • Standard progressive lenses       \$55         • Custom progressive lenses       \$55         • Custom progressive lenses       \$55         • Average savings of 20-25% on other lens enhancements       \$10 to \$60         • \$105 allowance for contacts; copay does not apply       Up to \$60         • \$105 allowance for contacts; copay does not apply       Up to \$60         • \$105 allowance for contacts; copay does not apply       \$20         • \$105 allowance for ochacts; copay does not apply       \$20         • \$20       \$20         • \$105 allowance for contact; copay does not apply       \$20         • \$20       \$20         • \$20       \$20         • \$20       \$20         • \$20

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.

#### Contact us. 800.877.7195 | vsp.com

<sup>1</sup>Brands/Promotion subject to change.

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