Your VSP ision Benefits

Why enroll in a VSP® Vision Care plan? Because we'll help keep you and your eyes healthy with personalized care from a doctor you can trust.

You'll like what you see with VSP:

- · Personalized Care. Our doctors take the time to get to know you and your eyes. They'll look for vision problems and signs of other health conditions too.
- Doctor Network. You'll find the VSP doctor who's right for you at vsp.com or by calling us at 800.877.7195. Our doctors offer flexible hours, a variety of office settings, and eyewear choices you'll love.
- · Value and Savings. You'll get great savings on your eye exam and eyewear, and discounts on laser vision correction.
- · Satisfaction Guaranteed. You'll be 100% happy or we'll make it right.

Enroll today. You'll be glad you did.

Once enrolled, simply tell your VSP doctor you're a member. We'll handle the rest.

Contact VSP 800.877.7195

vsp.com



NEWPORT NEWS PUBLIC SCHOOLS and VSP provide you with an affordable eyecare plan. Sign up today.

CHOICE PLAN

Your Coverage with a VSP Doctor

WellVision Exam® focuses on your eye health and overall wellness

• \$10.00 copay.....every 12 months

Prescription Glasses

• \$20.00 copay

- Lenses.....every 12 months
- Single vision, lined bifocal, and lined trifocal lenses.
- Polycarbonate lenses for dependent children.

Frame.....every 12 months

- \$120 allowance for frame of your choice
- 20% off the amount over your allowance.
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Contact Lens Care

No copayevery 12 months \$105 allowance for contacts and the contact lens exam (fitting and evaluation).

Current soft contact lens wearers may qualify for a special program that includes a contact lens exam and initial supply of lenses.

Extra Discounts and Savings

Glasses and Sunglasses

- Average 20 25% savings on all non-covered lens options
- 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam
- Contacts
- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

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

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider, call us at 800.877.7195 for more details.

Out-of-Network Reimbursement Amounts:

Exam	Up to \$34.00
Single vision lenses	Üp to \$17.00
Lined bifocal lenses	Up to \$30.00
Lined trifocal lenses	Up to \$43.00
Frame	Up to \$38.25
Contacts	Up to \$100.00

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.