A Look at your **VSP** Vision Coverage

With VSP and OAKWOOD SCHOOLS, your health comes first.

As a member, you'll 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.



edge VSP Premier Edge[™] location.

Shop online and connect your benefits.

Eyeconic[®] is the preferred VSP online retailer where you can shop in-network

With thousands of choices, getting the

most out of your benefits is easy at a

eyeconic with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

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.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

01/01/2024

Create an account today.

Contact us at: 800.877.7195 or vsp.com

+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.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.

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Classification: Restricted

EXAM wellness \$10 Every calendar year 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 \$25 FRAME* \$150 frame allowance • \$150 frame allowance \$150 frame allowance • \$150 Walmart*/Sam's Club*/Costco* frame allowance Included in Prescription Glasses • \$150 Walmart*/Sam's Club*/Costco* frame allowance \$0 • Every calendar year Included in Prescription Glasses • Single vision, lined bifocal, and lined trifocal lenses \$0 • Premium progressive lenses \$0 • Premium progressive lenses \$0 • Premium progressive lenses \$120 - \$160 • Average savings of 40% on other lens enhancements \$120 - \$160 • Every calendar year \$150 allowance • Stradard progressive lenses \$0 • Premium progressive lenses \$0 • Stradard		VISIONCALE		
WELLVISION EXAM • Focuses on your eyes and overall wellness \$10 • Every calendar year \$10 • 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. \$20 per exam • Coordination with your medical coverage may apply. Ask your VSP doctor for details. • Available as needed PRESCRIPTION GLASES \$25 • \$150 frame allowance • \$150 frame allowance • \$150 frame allowance • \$150 frame allowance • \$150 Walmart*/Sam's Club*/Costoc* frame allowance Included in Prescription Glasses • Single vision, lined bifocal, and lined trifocal lenses • Every calendar year Included in Prescription Glasses • Standard progressive lenses • Every calendar year \$0 • Premium progressive lenses • Every calendar year \$0 • Premium progressive lenses • Every calendar year \$0 • Costom progressive lenses • Every calendar year \$160 • Stand arcements • Every calendar year \$120 - \$160 • Average savings of 40% on other lens enhancements \$120 - \$160 • Average savings of uppy • Contact lens exam (fitting and evaluation) Up to \$60 evaluation)	BENEFIT			
wellness \$10 exam • Every calendar year \$10 • 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. \$20 per exam • Coordination with your medical coverage may apply. Ask your VSP doctor for details. • Available as needed PRESCRIPTION GLASSES \$25 • \$150 frame allowance • \$150 frame allowance • \$150 frame allowance • \$150 frame allowance • \$150 Walmart*/Sam's Club*/Costco* frame allowance Included in Prescription Glasses • \$150 Walmart*/Sam's Club*/Costco* frame allowance Included in Prescription Glasses • Single vision, lined bifocal, and lined trifocal lenses \$0 • Premium progressive lenses \$120 - \$160 • Average savings of 40% on other lens enhancements \$120 - \$160 • Every calendar year \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) Up to \$60 • Every calendar year \$150 allowance f	YOUR COVERAGE WITH A VSP PROVIDER			
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. \$20 per exam CARE side changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. \$25 PRESCRIPTION GLASSES \$25 FRAME' \$170 featured frame brands allowance Included in Prescription Glasses • \$150 Walmart'/Sam's Club*/Costco* frame allowance Included in Prescription Glasses • \$150 Walmart'/Sam's Club*/Costco* frame allowance Included in Prescription Glasses • Single vision, lined bifocal, and lined trifocal lenses Included in Prescription Glasses • Standard progressive lenses \$0 • Premium progressive lenses \$80 - \$90 • Custom progressive lenses \$120 - \$160 • Average savings of 40% on other lens enhancements \$120 - \$160 • Average savings of 40% on other lens enhancements \$120 - \$160 • Stod allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Up to \$60 evaluation) • Every calendar year * No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam EXTRA Laser Vision Correction <th>WELLVISION EXAM</th> <th>wellness</th> <th>\$10</th>	WELLVISION EXAM	wellness	\$10	
FRAME* \$170 featured frame brands allowance \$150 frame allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart*/Sam's Club*/Costco* frame allowance Every other calendar year Included in Prescription Glasses Single vision, lined bifocal, and lined trifocal lenses Every calendar year Included in Prescription Glasses Standard progressive lenses Standard progressive lenses Premium progressive lenses Standard progressive lenses Custom progressive lenses Custom progressive lenses Standard year Standard progressive lenses Custom progressive lenses Custom progressive lenses Custom progressive lenses Every calendar year Standard progressive lenses Custom progressive lenses Custom progressive lenses Every calendar year Standard progressive lenses Every calendar year Contact lens exam (fitting and evaluation) Every calendar year Standard progressive lenses Every calendar year Contact lens exam (fitting and evaluation) Every calendar year 	ESSENTIAL MEDICAL EYE CARE	 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. 		
FRAME* allowance \$150 frame allowance Included in Prescription Glasses • \$150 Walmart*/Sam's Club*/Costco* frame allowance Included in Prescription Glasses • \$150 Walmart*/Sam's Club*/Costco* frame allowance Included in Prescription Glasses LENSES • Single vision, lined bifocal, and lined trifocal lenses • Every calendar year Included in Prescription Glasses LENSES • Standard progressive lenses • Standard progressive lenses • Custom progressive lenses • Custom progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements • Every calendar year \$120 - \$160 CONTACTS GLASSES) • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year Up to \$60 evaluation) • Every calendar year EXTRA Laser Vision Correction • A werge 10% off the new law price or 50% off the	PRESCRIPTION	GLASSES	\$25	
LENSES lined trifocal lenses Prescription Glasses • Every calendar year Prescription Glasses • Standard progressive lenses \$0 • Impact-resistant lenses \$0 • Premium progressive lenses \$0 • Premium progressive lenses \$120 - \$160 • Average savings of 40% on other lens enhancements \$120 - \$160 • Standard year • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) Up to \$60 • Every calendar year • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) Up to \$60 • Every calendar year • \$150 allowance tor contacts; copay does not apply • Contact lens exam (fitting and evaluation) Up to \$60 • Every calendar year • \$100 more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam EXTRA Laser Vision Correction • Average 15% off the negative price or 5% off the	FRAME⁺	allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$150 Walmart*/Sam's Club*/Costco* frame allowance		
• Impact-resistant lenses \$0 • Premium progressive lenses \$80 - \$90 • Custom progressive lenses \$120 - \$160 • Average savings of 40% on other lens enhancements \$120 - \$160 • Every calendar year * CONTACTS (INSTEAD OF GLASSES) • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) Up to \$60 evaluation) • Every calendar year Routine Retinal Screening as an enhancement to a WellVision Exam EXTRA Laser Vision Correction	LENSES	lined trifocal lenses		
CONTACTS (INSTEAD OF GLASSES) . Contact lens exam (fitting and evaluation) . Up to \$60 . Every calendar year . Every calendar year . No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam EXTRA Laser Vision Correction	LENS ENHANCEMENTS	 Impact-resistant lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90	
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	CONTACTS (INSTEAD OF GLASSES)	does not applyContact lens exam (fitting and evaluation)	Up to \$60	
promotional price; discounts only available from contracted facilities	EXTRA SAVINGS	 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 		
sunglasses from any VSP doctor		sunglasses from any VSP doctor		
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.

