



Protect  
your vision  
with VSP.

## Get the best in eyecare and eyewear with MOUNTAIN VIEW LOS ALTOS UNION HIGH SCHOOL DISTRICT and VSP® 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®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP provider 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.

- **Register at [vsp.com](http://vsp.com)** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** To find a VSP provider, visit [vsp.com](http://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](http://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 Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more<sup>1</sup>. Visit [vsp.com](http://vsp.com) to find a VSP provider who carries these brands.

Enroll in VSP today.  
You'll be glad you did.  
Contact us. **800.877.7195**  
[vsp.com](http://vsp.com)

# Your VSP Vision Benefits Summary



MOUNTAIN VIEW LOS ALTOS UNION HIGH SCHOOL DISTRICT and VSP provide you with an affordable eyecare plan.

## VSP Provider Network: VSP Signature

| Benefit                                                                                                                                                                                                                                                                                             | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Copay                                       | Frequency        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------|
| <b>Your Coverage with a VSP Provider</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |
| <b>WellVision Exam</b>                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>                                                                                                                                                                                                                                                                                                                                                                   | \$5 for exam and glasses                    | Every plan year* |
| <b>Prescription Glasses</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |
| <b>Frame</b>                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> </ul>                                                                                                                                                                                                                                                    | Combined with exam                          | Every plan year  |
| <b>Lenses</b>                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>                                                                                                                                                                                                                                                                                                | Combined with exam                          | Every plan year  |
| <b>Lens Enhancements</b>                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>Tints/Photochromic adaptive lenses</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> </ul>                                                                                                                                                                                                | \$0<br>\$50<br>\$80 - \$90<br>\$120 - \$160 | Every plan year  |
| <b>Contacts (instead of glasses)</b>                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>                                                                                                                                                                                                                                                                                                      | Up to \$60                                  | Every plan year  |
| <b>Extra Savings</b>                                                                                                                                                                                                                                                                                | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>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.</li> </ul> |                                             |                  |
|                                                                                                                                                                                                                                                                                                     | <b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>                                                                                                                                                                                                                                                                                      |                                             |                  |
|                                                                                                                                                                                                                                                                                                     | <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>                                                                                                                                                     |                                             |                  |
| <b>Your Coverage with Out-of-Network Providers</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |
| Visit <a href="http://vsp.com">vsp.com</a> for details, if you plan to see a provider other than a VSP network provider.                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |
| Exam .....                                                                                                                                                                                                                                                                                          | up to \$50                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lined Bifocal Lenses .....                  | up to \$75       |
| Frame .....                                                                                                                                                                                                                                                                                         | up to \$70                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lined Trifocal Lenses .....                 | up to \$100      |
| Single Vision Lenses .....                                                                                                                                                                                                                                                                          | up to \$50                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Progressive Lenses .....                    | up to \$75       |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contacts .....                              | up to \$105      |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Tints .....                                 | up to \$5        |
| 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |
| *Plan year begins in December                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |

Contact us. [800.877.7195](tel:800.877.7195) | [vsp.com](http://vsp.com)

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

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