



**VISION SERVICE PLAN**  
**Benefit Outline**  
 Prepared for  
**NATIONAL SCHOOL DISTRICT**

<b>BENEFITS:</b>	<b>Examination</b>	<b>Once every 12 months*</b>
	<b>Lenses</b>	<b>Once every 12 months*</b>
	<b>Frame</b>	<b>Once every 12 months*</b>
	<b>Contact Lenses</b>	<b>Once every 12 months*</b>
		*From your last date of service

<b>COPAYMENTS:</b>	<b>Exam + lenses and frame</b>	<b>\$10.00 Total</b>
	<b>Contact Lenses</b>	<b>\$50.00 Materials</b>

	<u>Services from a VSP Participating Provider<sup>(1)</sup></u>	<u>Services from a Non-Participating Provider</u>
<b>Examination</b>	Paid-in-Full	up to \$ 40.00
<b>Single Vision Lenses</b>	Paid-in-Full	up to \$ 40.00
<b>Bifocal Lenses</b>	Paid-in-Full	up to \$ 60.00
<b>Trifocal Lenses</b>	Paid-in-Full	up to \$ 80.00
<b>Lenticular Lenses</b>	Paid-in-Full	up to \$125.00
<b>Tints</b>	Paid-in-Full	up to \$ 5.00
<b>Frame</b>	A wide selection of attractive frames are covered in full. <sup>(2)</sup>	up to \$ 45.00
<b>Contact Lenses</b>	<b>(in lieu of lenses &amp; frame)</b>	
<b>Necessary</b>	Paid-in-Full less \$10.00 copayment	up to \$210.00
<b>Elective</b>	up to \$ 105.00	up to \$105.00
<b>Covered Contact Lenses</b>	Paid-in-Full less \$50 copayment	up to \$250.00

**WHEN YOU WANT TO OBTAIN VISION CARE SERVICES**, call a VSP provider to make an appointment. *For details on how you locate a VSP Provider, contact your benefits representative or call VSP at (800) 877-7195 to request a Participating Provider listing. Make sure you identify yourself as a VSP member, and be prepared to provide your social security number.* The VSP provider will contact VSP to verify your eligibility and plan coverage, and will also obtain authorization for services and materials. If you are not currently eligible for services, the VSP provider is responsible for communicating this to you. VSP will pay the provider directly for covered services and materials.

**SERVICES AND MATERIALS OBTAINED FROM A NON-PARTICIPATING PROVIDER** will be reimbursed up to amounts on the above schedule. If you receive services from a non-participating provider, you are responsible for paying the provider in full, and submitting itemized receipts to VSP for reimbursement at P.O. Box 997100, Sacramento CA 95899-7100. It is important to note that the reimbursement schedule does not guarantee full payment.

- 1) When an examination and/or materials are received from a VSP participating provider, the patient will have no out-of-pocket expense other than the copayment, unless optional items are selected. Optional items include, but are not limited to, oversize lenses (61 mm or larger), no-line multifocal lenses, treatments for cosmetic reasons or a frame that exceeds the wholesale allowance.
- 2) VSP's frame benefit fully covers over half of the 43,000 frames currently available. Due to this large selection and the fact that buying habits and tastes differ from one region to the next, frame inventories may vary from office to office. When deciding on a frame, members should ask their doctors which ones are covered in full.

**THIS IS ONLY A SUMMARY**  
**FOR FURTHER INFORMATION, SEE YOUR EMPLOYER'S BENEFIT REPRESENTATIVE**  
**VSP CUSTOMER SERVICE (800) 877-7195 or Visit our Web site at <http://www.vsp.com>**

\* This plan is offered to employees only. Dependents are not covered at this time.