

PREMIE

PROGRAM

Visionworks

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM COLUMBUS CITY SCHOOLS AND VSP.



Enroll in VSP[®] Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam[®]—a comprehensive exam designed to detect eye and health conditions.



USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Enroll today. Contact us: 800.877.7195 or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

COLUMBUS CITY SCHOOLS and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

	BENEFIT	DESCRIPTION	COPAY	BEI			
	BASE COVERAGE WITH A VSP PROVIDER						
	WELLVISION EXAM	Focuses on your eyes and overall wellnessEvery other calendar year	\$10 for exam and glasses	WEL EXAN			
	PRESCRIPTION GLASSES						
	FRAME	 \$105 allowance for a wide selection of frames \$125 allowance for featured frame brands 20% savings on the amount over your allowance \$55 Walmart*/Sam's Club*/Costco* frame allowance Every other calendar year 	Combined with exam	FRAI			
	LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every other calendar year 	Combined with exam	LENS			
	LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every other calendar year 	\$0 \$80 - \$90 \$120 - \$160	LENS ENHA			
	CONTACTS (INSTEAD OF GLASSES)	 \$105 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every other calendar year 	\$0	CON (INST GLAS			
	DIABETIC EYECARE PLUS PROGRAM⁵ ^M	 Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	DIAB EYEC PROC			
Glasses and Sunglasses • Extra \$20 to spend on featured frame br. • 30% savings on additional glasses and su WellVision Exam. Or get 20% from any V Routine Retinal Screening		unglasses, includi	ng lens e				

PROVIDER NETWORK:

VSP Signature **EFFECTIVE DATE:**

01/01/2021

BENEF	T DESCRIPTION	COPAY	
	BUY-UP COVERAGE WITH A VSP PROVIDER		
WELLVISI EXAM	 Focuses on your eyes and overall wellness Every calendar year 	\$10	
PRESCRIP	PRESCRIPTION GLASSES		
FRAME	 \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance Every calendar year 	Included in Prescription Glasses	
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 		
LENS ENHANCE	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every calendar year 	\$0 \$50 \$50	
CONTACT (INSTEAD GLASSES)	oF • Contact lens exam (fitting and	\$0	
DIABETIC EYECARE PROGRAM	3 1 1 1 1 1 1 1 1 1 1	\$0 \$20 per exam	

enhancements, from the same VSP provider on the same day as your onths of your last WellVision Exam.

EXTRA SAVINGS Routine Retinal Screening

• 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 contracted facilities

After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

et the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.				
Exam up to \$50 Frame up to \$70 Single Vision Lenses up to \$50	Lined Bifocal Lensesup to \$75 Lined Trifocal Lensesup to \$100	Progressive Lensesup to \$75 Contactsup to \$105		
werage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP				

guarantees coverage from VSP network providers only. 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.

Log in to **vsp.com** to find an in-network provider based on your plan type.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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