

Your vision. Our passion.



Where will your eyes take you today?

Whether it's a day in the life or a day to remember, you're covered. You're enrolled in VSP, and with us, you'll get the personalized eyecare you deserve. We'll help you see well, stay healthy and get the most out of life.

Valuable coverage.

If it takes you a minute to review your benefits coverage, or an hour, we know you'll:

- find a doctor in your neighborhood who's right for you
- enjoy a WellVision ExamSM focused on your health
- love your eyewear choices
- get great savings

Get started. It's a breeze.

Already have a VSP doctor?

Make an appointment today.

New to VSP and need a doctor?

Go to vsp.com or call us at 800-877-7195.

Make an appointment and tell them you have VSP.

It's that easy.



Satisfaction?
You bet. You'll
be 100% happy
or we'll make
it right.

Your eyecare plan is brought to you by Clovis Unified School District & VSP

VSP Coverage Effective January 1, 2008

BASE PLAN

Exam covered in full.....every 12 months

Prescription Glasses

Lenses..... every 12 months

- Single vision, lined bifocal & lined trifocal lenses
- Polycarbonate lenses for dependent children

Frames.....every 24 months

Frame of your choice covered up to \$105.00. Plus, 20% off any out-of-pocket costs.

~OR~

Contacts..... every 12 months

When you choose contacts instead of glasses, your \$105.00 allowance applies to the cost of your contacts and the contact lens exam (fitting & evaluation).

BUY-UP PROGRAM

YOU CAN **ELECT** TO UPGRADE THE PLAN:

Prescription Glasses

Lenses covered in full.....every 12 months

- Single vision, lined bifocal & lined trifocal lenses
- Covered in full progressive/blended lenses
- Polycarbonate lenses for dependent children

Frames every 12 months

Frame of your choice covered up to \$150.00. Plus, 20% off any out-of-pocket costs.

~OR~

Contacts..... every 12 months

When you choose contacts instead of glasses, your \$150.00 allowance applies to the cost of your lenses and the fitting and evaluation exam. This exam is in addition to your vision exam to ensure proper fit of contacts.

Copay for Buy-Up Program Only

Exam No Copay
Prescription Glasses..... \$20.00

Extra Discounts and Savings

Laser Vision Correction Discounts

Prescription Glasses

- Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings & progressives
- 20% off additional prescription glasses & sunglasses*

Contacts*

- 15% off cost of contact lens exam (fitting & evaluation)*

* Available from the same VSP doctor who provided your eye exam within the last 12 months

Your Contribution for The Buy Up Program

Employee Cost..... \$2.69/Monthly

Employee + One Dep..... \$4.89/Monthly

Family \$7.60/Monthly

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor.

If you decide not to see a VSP doctor, the copay still applies. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800-877-7195.

VSP guarantees service from VSP network 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.