

Get access to the best in eye care and eyewear with Acalanes Union High and VSP® Vision Care.

As a VSP member, you have access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

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 network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- Choice of Providers. The decision is yours to make—choose a VSP network doctor, a participating retail chain, 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.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. Visit 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.

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 bebe®, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at **eyeconic.com®**, VSP's preferred online eyewear store.



See why we're consumers' #1 choice in vision care³.

Contact us. **800.877.7195 vsp.com**

Your VSP Vision Benefits Summary



Acalanes Union High and VSP provide you with an affordable eye care plan.

| VSP Provide | Network: | VSP | Signature |
|--------------------|----------|------------|-----------|
|--------------------|----------|------------|-----------|

| Benefit | Description | Copay | Frequency | | |
|-------------------------------|--|---|--------------------------------|--|--|
| | Your Coverage with a VSP Provider | | | | |
| WellVision Exam | Focuses on your eyes and overall wellness | \$0 | Every 12 months | | |
| Prescription Glasses | | | | | |
| Frame | \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 Costco® frame allowance | \$0 | Every 12 months | | |
| Lenses | Single vision, lined bifocal, and lined trifocal lensesPolycarbonate lenses for dependent children | \$0 | Every 12 months | | |
| Lens Enhancements | Tints/Photochromic adaptive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements | \$0 \$50 \$80 - \$90 \$120 - \$160 | Every 12 months | | |
| Contacts (instead of glasses) | \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) | \$0 | Every 12 months | | |
| Primary Eyecare | Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. | \$5 | As needed | | |
| | Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 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. | | | | |
| Extra Savings | 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; disc After surgery, use your frame allowance (if eligible) for sunglasses from | | ole from contracted facilities | | |

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.

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| Examup to \$45 | Lined Bifocal Lensesup to \$65 | Contactsup to \$105 |
| Frameup to \$47 | Lined Trifocal Lensesup to \$85 | Tintsup to \$5 |
| Single Vision Lenses up to \$45 | Progressive Lenses up to \$85 | |

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.

Contact us. 800.877.7195 | vsp.com

3. 2017 National Vision Plan Member Research.

^{1.} Brands/Promotion subject to change.

^{2.} Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.