

VSP

Vision Insurance

Vision

Vision insurance is a type of health coverage to insure for services rendered by eye care professionals. It provides coverage for routine eye examinations and may cover all or part of the costs associated with contact lenses, eyeglasses and vision correction depending on the plan.



Clipart of: Eye chart and glasses

Provider Name:	The Standard = VSP Choice Network
Phone Number:	1-800-877-7195
Group Number:	160-755633 Policy #755633
Web Address:	www.vsp.com
Agent Info:	Crook Milligan Group, Inc. @ 972-288-3700
Your Vision ID:	Employee ID# + zeros before to make 9 digits
	Example: #000012345



Mesquite ISD Benefits Logo

Take Note!



Clipart of: Emoji with glasses

Base Plan – Exam & Lenses every 12 months, Frames every 24 months. There is a \$15 Exam copay and \$25 Materials copay with a \$150 Frame Allowance and a \$150 Elective Contact Lens allowance. Polycarbonate lenses for dependent children are covered.

Premier Plan – Offers the same benefits as the Base Plan, except that Polycarbonate is covered not only for children but for adults. When you choose progressive lenses (standard, premium or custom) you have a \$50 copay.

Mesquite Independent School District - Vision RFP
 Eye Care Highlight Sheet



Plan 1: Balanced Care Vision I Plan Summary

Effective Date: 9/1/2017

	Base Plan VSP Choice Network + Affiliates	Base Plan Out of Network
Deductibles		
Annual Eye Exam	\$15 Exam	\$15 Exam
Lenses (per pair)	\$25 Eye Glass Lenses or Frames* Covered in full	\$25 Eye Glass Lenses or Frames Up to \$45
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$105
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Participant cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frames	\$150**	Up to \$70
Featured Frame Brands	\$170	
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco allowance will be the wholesale equivalent.

Lens Options (participant cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
Solid Plastic Dye	\$33 adults	No benefit
Plastic Gradient Dye	\$15	No benefit
Photochromatic Lenses (Glass & Plastic)	(except Pink I & II)	No benefit
Scratch Resistant Coating	\$17	No benefit
Anti-Reflective Coating	\$31-\$82	No benefit
Ultraviolet Coating	\$17-\$33	No benefit
	\$43-\$85	No benefit
	\$16	No benefit

*Lens Option participant costs vary by prescription, option chosen and retail locations.

Monthly Rates

Employee Only (EE)	\$9.37
EE + Spouse	\$14.09
EE + Children	\$15.53
EE + Spouse & Children	\$24.82

Mesquite Independent School District - Vision RFP

Eye Care Highlight Sheet



Additional Balanced Care Vision I Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Retail Chain Affiliate Providers Available With Balanced Care Vision I Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give participants added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Participants enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Eye Care Plan Participant Service

Balanced Care Vision I eye care from The Standard features the money-saving eye care network of VSP. Customer service is available to plan participants through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: standard.com/services

View plan benefit information at: vsp.com

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard [or your employer] for additional information, including costs and complete details of coverage.

Mesquite Independent School District - Vision RFP
 Eye Care Highlight Sheet



Plan 2: Balanced Care Vision I Plan Summary

Effective Date: 9/1/2017

	Premier Plan VSP Choice Network + Affiliates	Premier Plan Out of Network
Deductibles		
Annual Eye Exam	\$15 Exam	\$15 Exam
Lenses (per pair)	\$25 Eye Glass Lenses or Frames* Covered in full	\$25 Eye Glass Lenses or Frames Up to \$45
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$105
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Participant cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frames	\$150**	Up to \$70
Featured Frame Brands	\$170	
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco allowance will be the wholesale equivalent.

Lens Options (participant cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Paid in full after \$50 copay	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for adults & dependent children	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option participant costs vary by prescription, option chosen and retail locations.

Monthly Rates

Employee Only (EE)	\$11.88
EE + Spouse	\$17.85
EE + Children	\$19.68
EE + Spouse & Children	\$31.46



Additional Balanced Care Vision I Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
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Vision Headlines



Mesquite ISD Benefits Office

Visit the Mesquite ISD Benefits Website for more information

www.mesquiteisd.org

Departments
Benefits

Additional Benefits Options

In-Network is Best!

- ◇ Review your plan details and eligibility.
- ◇ Find a doctor in your network.
 - Online at www.vsp.com
 - Call VSP at 1-800-877-7195
- ◇ At your appointment, tell them you have VSP.
 - *There is no ID card required.*
- ◇ In-network saves \$.
- ◇ No claim forms to complete.



Clipart of bookworm



Clipart of cutting dollar sign

Out-of-Network?

If you have to go to an out-of-network provider, you'll need to submit a claim and provide an itemized receipt for partial reimbursement.

- ◇ Log onto your VSP Benefits portal to submit a claim.

Get Special Offers & Savings

Take advantage of exclusive rebates, discounts and special offers available only to VSP members at www.vsp.com/specialoffers.

Mesquite ISD Benefits Office

3819 Towne Crossing
Mesquite, TX 75150

Phone: 972-882-7359
Fax: 972-882-7774

E-mail: benefits@mesquiteisd.org

Lisa Porter
Benefits Manager

Vickie Cline
Benefits Assistant Manager

Renee Duncan
Administrative Assistant

Yvonne Smeltzer
Administrative Assistant

Frame Selection

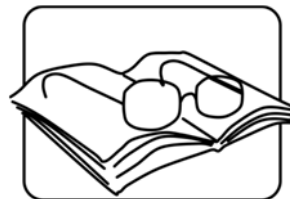
Your VSP Frame benefit offers you the freedom to choose from a wide selection of frames that complement your life-style.



Clipart of glasses



Clipart of glasses



Clipart of book and glasses

Go Mobile

On your smartphone, go to **VSP Mobile App**/sign in or register. You can then utilize the following items:



Clipart of mobile phone

- ◆ List of Member/Dependents
- ◆ How to use my benefits
- ◆ Benefits with VSP Network Providers
- ◆ Benefits with Out-Of-Network providers
- ◆ Claims & Reimbursement
- ◆ Member Vision Card

The Standard - VSP® Choice Network - Group #160-755633

Phone - 1-800-877-7195

Website-www.vsp.com

Your VSP ID# = Your EEID#

Example (000012345) = 9 digits

