



# A Look at Your VSP Vision Coverage

See Healthy and Live Happy with  
Help from Montana Unified School  
Trust and VSP.

**vsp**  
vision care



Enroll in VSP® Vision Care to get personalized eye 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 more than  
700 **Visionworks® retail locations** nationwide.



#### Quality vision care you need.

You'll get great care from a VSP network doctor, including  
a WellVision Exam®. An annual eye exam not only helps you  
see well, but helps a doctor detect signs of eye conditions  
and health conditions, like diabetes and high blood pressure.

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.

Get Your Perfect Pair

**EXTRA \$20 + UP TO 40%**  
to spend on  
featured frame brands\*  
**SAVINGS ON LENS  
ENHANCEMENTS**

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE   NINE WEST  
eyewear

See more brands at [vsp.com/offers](https://vsp.com/offers)



**Enroll during your open enrollment.**

For more information, call **800.845.7283** or visit **mustbenefits.org**.

\*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.

# Your VSP Vision Benefits Summary

Montana Unified School Trust and VSP provide you with an affordable vision plan.

**Provider Network:**  
VSP Choice



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Routine retinal screening</li><li>Please check if your Walmart/Sam's Club/Costco optometrist is a participating retail provider</li></ul>	<div>\$0</div> <div>\$0</div>	Every 12 months*
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"><li>Retinal screening for members with diabetes.</li><li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li><li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li></ul>	<div>\$0 per screening</div> <div>\$20 per exam</div>	Available as needed
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"><li>\$170 Featured Frame Brands allowance</li><li>\$150 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$150 Walmart/Sam's Club frame allowance</li><li>\$85 Costco frame allowance</li></ul>	\$0	Every 12 months
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	\$0	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Scratch-resistant coating</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 30% on other lens enhancements</li></ul>	<div>\$0</div> <div>\$0</div> <div>\$95 – \$105</div> <div>\$150 – \$175</div>	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$130 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every 12 months
EXTRA SAVINGS	<div><b>Glasses and Sunglasses</b><ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <b>vsp.com/offers</b> for details.</li><li>40% savings on additional pairs of prescription glasses from same VSP Network provider who performed your WellVision exam within 12 months of your last exam. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision exam.</li></ul></div> <div><b>Laser Vision Correction</b><ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li></ul></div>		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get 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 \$45	Lined Bifocal Lenses.....	up to \$50
Frame.....	up to \$70	Progressive Lenses.....	up to \$50
Single Vision Lenses.....	up to \$30	Lined Trifocal Lenses.....	up to \$65
		Contacts.....	up to \$115
Coverage with a retail chain may be different or not apply. Log in to <b>vsp.com</b> to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP providers only. 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.			

Log in to [vsp.com](https://vsp.com) to find an in-network provider based on your plan type.

\*Based on your last date of service.