



KINGS CANYON UNIFIED SCHOOL DISTRICT EDUCATIONAL SUPPORT CENTER

BUSINESS SERVICES CONTACT INFORMATION:
(559) 305-7021
insurance@kcusd.com

**2023-2024
MANAGEMENT RATES
EFFECTIVE 10/1/2023-9/30/2024**

Plan Options	Plan 2B	Plan 3B	Plan 4B	Plan 8C	Wellness	HDHP 2	Bronze
	Paid at 100%	Paid at 100% after Deductible is met	Paid at 90% after Deductible is met	Paid at 80% after Deductible is met	Paid at 90% after Deductible is met	Paid at 80% after Deductible is met	Paid at 70% after Deductible is met
Blue Cross or Kaiser	\$1,234.00	\$1,198.00	\$1,153.00	\$952.00	\$1,074.00	\$658.00	\$606.00
Delta Dental	\$138.20	\$138.20	\$138.20	\$138.20	\$138.20	\$138.20	\$138.20
Vision Service Plan	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18
\$150,000 Life Insurance	\$15.60	\$15.60	\$15.60	\$15.60	\$15.60	\$15.60	\$15.60
Monthly total	\$1,403.98	\$1,367.98	\$1,322.98	\$1,121.98	\$1,243.98	\$827.98	\$775.98
Total Annual Plan Cost	\$16,847.76	\$16,415.76	\$15,875.76	\$13,463.76	\$14,927.76	\$9,935.76	\$9,311.76
10 Month Cost	\$1,684.78	\$1,641.58	\$1,587.58	\$1,346.38	\$1,492.78	\$993.58	\$931.18
District Contribution*	-\$1,582.59	-\$1,582.59	-\$1,582.59	-\$1,582.59	-\$1,582.59	-\$1,582.59	-\$1,582.59
Employee Monthly Cost Excludes July & August**	\$102.19	\$58.99	\$4.99	\$0.00	\$0.00	\$0.00	\$0.00

Applicable ONLY if your spouse is also enrolled in a PPO plan with CVT.

*KCUSD annual district contribution is \$15,826

**October 2023 -September 2024 excludes July and August

Reminder: Please remember to contact payroll for all qualifying events including newly eligible dependents.

Also, if you want to change to a Kaiser plan, you must fill out a **SEPARATE APPLICATION**.

CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark

Kings Canyon Joint Unified SD - MANAGEMENT

October 1, 2023 - September 30, 2024

BENEFIT	PPO 2, Rx B	PPO 3, Rx B	PPO 4, Rx B	PPO 8, Rx C
Calendar Year Deductible	\$0	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$500 Family: \$1,000
Coinsurance	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$1,250 ⁽²⁾ Family: \$2,500 ⁽²⁾	Individual: \$3,250 ⁽²⁾ Family: \$6,500 ⁽²⁾
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$20 Copay Specialty Physician - \$20 Copay	Primary Care Physician - \$30 Copay Specialty Physician - \$30 Copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 100%* Hospital - \$50 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 80%*
Outpatient Radiology	Non-Hospital - Paid at 100%* Hospital - \$75 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 80%*
Durable Medical Equipment	Paid at 100%*	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Ambulance - Ground / Air	Paid at 100%* of covered charges	Paid at 100%* after deductible is met	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met
Physical Therapy	Paid at 100% ⁽¹⁾ (Copay, if applicable.)	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)
Chiropractic	Paid at 100% ⁽¹⁾ (Copay, if applicable.)	Paid at 100% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 90% ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80% ⁽¹⁾ after deductible is met (Copay, if applicable.)
Acupuncture	Paid at 100%* (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 100%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 100%* Hospital - \$250 copay, then paid at 100%*	Non-Hospital - Paid at 100%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 100%*	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%*	Non-Hospital - Paid at 80%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 80%*
Hospital Inpatient	Paid at 100%* Unlimited days, Semi-private room	Paid at 100%* after deductible is met; Unlimited days, Semi-private room	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After copay, paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%*
Urgent Care	\$20 Copay	\$20 Copay	\$20 Copay	\$30 Copay
Home Health Care	Paid at 100%* Limited to 100 visits per calendar year	Paid at 100%* after deductible is met Limited to 100 visits per calendar year	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met Limited to 100 visits per calendar year

BENEFIT	PPO 2, Rx B		PPO 3, Rx B		PPO 4, Rx B		PPO 8, Rx C	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. ⁽²⁾ Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Medical Decision Support	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail⁽⁴⁾	Mail Order⁽⁴⁾	Retail⁽⁴⁾	Mail Order⁽⁴⁾	Retail⁽⁴⁾	Mail Order⁽⁴⁾	Retail⁽⁴⁾	Mail Order⁽⁴⁾
	\$7 Generic	\$15 Generic	\$7 Generic	\$15 Generic	\$7 Generic	\$15 Generic	\$7 Generic	\$15 Generic
	\$15 Preferred	\$35 Preferred	\$15 Preferred	\$35 Preferred	\$15 Preferred	\$35 Preferred	\$25 Pref	\$60 Pref
	\$30 Non-Preferred (30-Day Supply)	\$70 Non-Preferred (90-Day Supply)	\$30 Non-Preferred (30-Day Supply)	\$70 Non-Preferred (90-Day Supply)	\$30 Non-Preferred (30-Day Supply)	\$70 Non-Preferred (90-Day Supply)	\$40 Non-Pref (30-Day Supply)	\$80 Non-Pref (90-Day Supply)

PPO Plans:

* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Alight visits are excluded (2) Pharmacy copayments cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.

CVT PPO Health Plans with Anthem Blue Cross and CVS/caremark

Kings Canyon Joint Unified SD - MANAGEMENT

October 1, 2023 - September 30, 2024

BENEFIT	PPO Wellness, Rx C	PPO HDHP 2	PPO Bronze
Calendar Year Deductible	Individual: \$500 Family: \$1,000	Individual: \$2,000 Family: \$4,000 (No individual limit applies to family)	Individual: \$5,000 Family: \$10,000
Coinsurance	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays) ⁽²⁾	Individual: \$1,750 Family: \$3,500	Individual: \$5,250 Family: \$10,500 Family = Employee with 1 or more covered dependents. No one individual will pay more than \$6,900.	Individual: \$6,350 Family: \$12,700
Doctor Visits	Primary Care Physician - \$20 Copay Specialty Physician - \$40 Copay	Paid at 80%* after deductible is met	Primary Care Physician - First 3 visits covered in full after \$60 copay per visit; Remaining visits - Paid at 70%* after deductible is met Specialty Physician - Subject to deductible then \$70 copay
Preventive Care / Immunizations	Paid at 100%*	Paid at 100%*	Paid at 100%*
Outpatient Laboratory	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$50 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Outpatient Radiology	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$75 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Durable Medical Equipment	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Ambulance - Ground / Air	Paid at 90%* after deductible is met	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Physical Therapy	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met
Chiropractic	Paid at 90%* ⁽¹⁾ after deductible is met (Copay, if applicable.)	Paid at 80%* ⁽¹⁾ after deductible is met	Paid at 70%* ⁽¹⁾ after deductible is met
Acupuncture	Paid at 90%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	Paid at 80%* after deductible is met. Maximum of 12 visits per calendar year	Paid at 70%* after deductible is met Maximum of 12 visits per calendar year
Outpatient Surgery	Non-Hospital - Paid at 90%* after deductible is met Hospital - After deductible is met, \$250 copay then paid at 90%*	Paid at 80%* after deductible is met	Paid at 70%* after deductible is met
Hospital Inpatient	Paid at 90%* after deductible is met; Unlimited days, Semi-private room	Paid at 80%* after deductible is met; Unlimited days, Semi-private room	Paid at 70%* after deductible is met; Unlimited days, Semi-private room
Hospital Emergency Room	\$100 Emergent Copay; \$175 Non-Emergent Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%*	Paid at 80%* after deductible is met	Subject to Deductible, then \$250 Copay (copay waived if admitted as in-patient)
Urgent Care	\$20 Copay	Paid at 80%* after deductible is met	Subject to deductible, then \$120 Copay
Home Health Care	Paid at 90%* after deductible is met; Limited to 100 visits per calendar year	Paid at 80%* after deductible is met; Limited to 100 visits per calendar year	Paid at 70%* after deductible is met; Limited to 100 visits per calendar year

BENEFIT	PPO Wellness, Rx C		PPO HDHP 2	PPO Bronze	
Telehealth	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT		MDLIVE - Paid at 100%* after deductible is met for non-emergency medical, dermatology, and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT	MDLIVE - Paid at 100%* for non-emergency medical, dermatology and behavioral health consultations. Call 1-888-632-2738 or visit www.mdlive.com/CVT	
Medical Decision Support	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance		Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance	Alight - My Medical Ally Call 1-888-361-3944 or visit mymedicalally.alight.com for expert medical guidance	
Employee Assistance Program (EAP) through Carelon	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾		Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	Paid at 100% - Visit www.achievesolutions.net/cvt or call 1-877-397-1032 to access benefit ⁽³⁾	
Prescription Drugs	Retail⁽⁴⁾ \$7 Generic \$25 Pref \$40 Non-Pref (30-Day Supply)	Mail Order⁽⁴⁾ \$15 Generic \$60 Pref \$80 Non-Pref (90-Day Supply)	Paid at 80%* after deductible is met	Retail Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30-Day Supply)	Mail Order Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90-Day Supply)

PPO Plans:

* For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

(1) Non-Par Providers limited to a combined maximum of 13 visits per year.

(2) Retired members enrolled in Medicare: (1) MDLIVE Behavioral Health and Alight visits are excluded (2) Pharmacy copayments cost share will not apply to out of pocket maximums (3) CVT PPO Plans 1-10 pay according to non-duplication of Medicare benefits therefore those plan designs are inclusive of Medicare's payment.

(3) EAP - Up to 6 counseling sessions per covered member, per benefit year (max 2 episodes/courses of treatment).

(4) Copays for certain specialty medications may be set to available manufacturer-funded copay assistance for prescription plans A, B, C (includes Wellness), D and ValuRx

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits at www.cvtrust.org/plan-documents.



**California's
Valued Trust**

Healthcare Benefits for the Education Community

**Kings Canyon Joint Unified
Management/Confidential**

Delta Dental PPO Incentive Plan Summary of Benefits

Effective October 1, 2023 to September 30, 2024

Benefits and Covered Services*	PPO Network **	Premier Network and Out of Network **
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	Unlimited	Unlimited
Diagnostic & Preventive (D&P) Services Note: D & P does not count towards calendar year maximum Oral Examinations: 2 Annual Cleanings: 2 X-rays	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Basic Services Fillings Posterior Composite Restorations Sealants	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Periodontics (gum treatment) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Endodontics (root canals)	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Oral Surgery (extraction) Covered Under Basic Services	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Major Services Crowns, Inlays, Onlays & Cast Restorations	Paid at: 70% - 100% *	Paid at: 70% - 100% *
Prosthodontics Bridges Dentures Implants: \$2000 Annual Max	Paid at: 60% *	Paid at: 50% *
Orthodontic Benefits Adults & Dependent Children Lifetime Maximum: \$2,000 12 Month Wait: No	Paid at: 50% *	Paid at: 50% *
Dental Accident Benefits	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)	Paid at: 100% * (\$1,000 maximum per enrollee each calendar year)

* This summary is for comparison purposes only. The Evidence of Coverage should be consulted for a detailed description of the covered benefits and is available at www.cvtrust.org/plandocuments.

** See back for additional details

What are my Delta Dental Network options?

The Delta Dental PPO plan allows you the option to visit any licensed dentist. You will usually save more on your out-of-pocket costs when you visit a **Delta Dental PPO** dentist. The **Delta Dental Premier** network also provides cost-saving features and is the next best option when you can't find a PPO dentist. Non-Delta Dental (Out of Network) dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. You are responsible for the difference between what Delta Dental pays and the dentist's fee.

How do I find a Delta Dental dentist?

To locate a Delta Dental dentist near you, check the dentist directory on the Delta Dental website (deltadentalins.com), which also provides a map to the dental office. Or, to hear or receive a faxed listing of dentists in your area, call **866-499-3001**. Follow the automated instructions to search for a dentist.

How does my dental benefit incentive plan work?

Your dental benefit incentive plan is designed to encourage regular visits to the dentist to keep your teeth and gums healthy. Here is an example of how an incentive plan works. (This is the most common incentive plan. Check your benefits information for details of your particular incentive plan.)

First Year	Second Year	Third Year	Fourth Year
70%	80%	90%	100%
Percentage paid for certain benefits as long as you visit the dentist each year.			

What is the Delta Dental website?

The full Delta Dental website is a one-stop-shop for plan and oral health information. Also available in Spanish: es.deltadentalins.com.

Create a free Online Services account at deltadentalins.com to:

- Locate a Delta Dental dentist
- Check benefits, eligibility, and claim status
- Opt for paperless statements
- View or print your ID card
- Check average dental costs in your area

Check out **Your Dental Plan Support Guide** for money-saving tips and treatment information. And, don't miss mysmileway.com – a great resource for oral health-related tools and tips.

Mobile? Get the information you need on the go. Bookmark or add a shortcut to the mobile site to return in just one tap from your phone. Download the free, convenient smartphone Delta Dental app from the App Store or Google Play.

A Look at Your VSP Vision Coverage

With VSP and CALIFORNIA'S VALUED TRUST - Plan B \$15 Copay, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

vsp.
vision care

 **California's
Valued Trust**
Healthcare Benefits for the Education Community

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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Preferred private practice and retail in-network choices





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.

More Ways to Save

Extra

\$20

to spend on
Featured Brands†

bebe	CALVIN KLEIN
COLE HAAN	DRAGON.
FLEXON	LACOSTE
	and more

See all brands and offers
at vsp.com/offers.

+

Up to

40%

Savings on
lens enhancements†

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Your VSP Vision Benefits Summary

2023-2024

Kings Canyon Joint Unified - Mgmnt/Conf



PROVIDER NETWORK: VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$15 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance 	Combined with exam	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers 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. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> 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 GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

*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.
 ‡Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction 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. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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