



Eureka City Schools

Johnna Emery, Director

Fiscal Services

2100 J Street | Eureka, CA 95501

TO: Potential New Certificated or Management Employee
FROM: Shannon Sandlin, Health Benefits
RE: Health Benefits through Eureka City Schools

Thank you for showing interest in joining the team at Eureka City Schools. Enclosed you will find information regarding our health benefits plans. This is **NOT** an official enrollment packet. You will receive the official packet after accepting the offer of employment. Employees who work 90% or more of a full-time equivalent employee or qualify to receive 100% of the District's contribution toward health benefits **must** enroll in **all** of the health benefit plans.

Some Terminology to Know

- Composite Rate: No change in cost of the plan to include your spouse or children
- Tiered Rate (only applies to medical): Change in cost to include your spouse or children
- Incentive Plan (only applies to dental): new members start at a lower incentive level and must receive services at least once per calendar year to advance to the next level.
- Deductible: the amount you must pay for acceptable charges/claims before your plan begins to make payments.
- Maximum out-of-pocket: the most you will pay during a calendar year for acceptable charges/claims.
- Co-payment: a fixed amount you must pay for an in-network visit.
- Health Savings Account (HSA) Eligible – allows tax free dollars to be deposited through payroll into this special account. HSA accounts go with the employee if they leave their employer and unused dollars rollover from year to year.

MEDICAL (most plans have a composite rate & the HSA \$5000 plan has a tiered rate)

Full-Time Employees: the District's maximum contribution is \$1,100.00 per month

Seven different medical plans to choose from

Rate is adjusted each October

DENTAL (Incentive, Composite Rate Plan)

Full-Time Employees: the District pays 100%; Part-time Employees: Receive pro-rated contribution

Currently there are very few in network Delta Dental dentist

Rate is adjusted each July

VISION (Composite Rate Plan)

Full-Time Employees: the District pays 100%; Part-time Employees: Receive pro-rated contribution

Rate is adjusted each July

MORE INFORMATION ON BACK

If you would like more detailed information than what is included, copies of each health plan's documents can be found on Eureka City Schools' website. Go to: www.eurekacityschools.org
> select "For Staff" > then "Health Benefit Plans"

Health benefit coverage will become effective the first day of the month following your hire date (unless you are hired on the first, in which case it is immediately effective). It can take up to three (3) weeks for applications to be processed and members to reflect having coverage. Because of this, completed enrollment applications should be returned as quickly as possible. However, you can have up to 30 days from the qualifying date to enroll in health benefits.

All health benefit premiums are paid through payroll deduction. When employees work less than 12 months, they must pay the District their share of cost for coverage over the summer break. Eureka City Schools collects the annual amount owed for July (and August if applicable) ahead of time.

The payroll program calculates the annual cost for health benefits, making adjustments throughout the year when changes are made to an employee's share of cost, and divides it by the number of payroll checks an employee receives during that academic year. Most certificated positions normally have 11 paychecks for the academic year. If an employee enrolls in health benefits later in the academic year, the summer benefits deduction will be from fewer paychecks. If an employee leaves employment, any refund owed will be returned to the employee on their final (or next regular) paycheck.

If you have any questions regarding health benefits, please feel free to contact Shannon Sandlin:

- By Telephone: 441-2430
- By Email: sandlins@eurekacityschools.org

Normal work hours are Monday through Friday from 8:00 am to 5:00 pm, with lunch break from 11:30 to 12:30.

CERTIFICATED & MANAGEMENT PRORATION OF BENEFITS
Effective October 1, 2024 - September 30, 2025

		EMPLOYEE MEDICAL RATE INFORMATION									
		PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	HSA \$5000 1	HSA \$5000 2	DIST MED	
%	8	\$ 1,720.00	\$ 1,683.00	\$ 1,598.00	\$ 1,463.00	\$ 1,410.00	\$ 1,066.00	\$ 654.00	\$ 1,043.00	\$ 1,100.00	
FTE	HRLY	EMP	EMP	EMP	EMP	EMP	EMP	EMP	EMP	EMP	DIST
0.33400	2.67	1,352.60	1,315.60	1230.60	1095.60	1042.60	698.60	286.60	675.60	367.40	
0.50000	4.00	1,170.00	1,133.00	1048.00	913.00	860.00	516.00	104.00	493.00	550.00	
0.53000	4.24	1,137.00	1100.00	1015.00	880.00	827.00	483.00	71.00	460.00	583.00	
0.53410	4.27	1,132.49	1095.49	1010.49	875.49	822.49	478.49	66.49	455.49	587.51	
0.55000	4.40	1,115.00	1078.00	993.00	858.00	805.00	461.00	49.00	438.00	605.00	
0.57000	4.56	1,093.00	1056.00	971.00	836.00	783.00	439.00	27.00	416.00	627.00	
0.58000	4.64	1,082.00	1045.00	960.00	825.00	772.00	428.00	16.00	405.00	638.00	
0.59000	4.72	1071.00	1034.00	949.00	814.00	761.00	417.00	5.00	394.00	649.00	
0.60000	4.80	1060.00	1023.00	938.00	803.00	750.00	406.00	0.00	383.00	660.00	
0.61000	4.88	1049.00	1012.00	927.00	792.00	739.00	395.00	0.00	372.00	671.00	
0.62000	4.96	1038.00	1001.00	916.00	781.00	728.00	384.00	0.00	361.00	682.00	
0.62500	5.00	1032.50	995.50	910.50	775.50	722.50	378.50	0.00	355.50	687.50	
0.66000	5.28	994.00	957.00	872.00	737.00	684.00	340.00	0.00	317.00	726.00	
0.66670	5.33	986.63	949.63	864.63	729.63	676.63	332.63	0.00	309.63	733.37	
0.67000	5.36	983.00	946.00	861.00	726.00	673.00	329.00	0.00	306.00	737.00	
0.68000	5.44	972.00	935.00	850.00	715.00	662.00	318.00	0.00	295.00	748.00	
0.68750	5.50	963.75	926.75	841.75	706.75	653.75	309.75	0.00	286.75	756.25	
0.70000	5.60	950.00	913.00	828.00	693.00	640.00	296.00	0.00	273.00	770.00	
0.71000	5.68	939.00	902.00	817.00	682.00	629.00	285.00	0.00	262.00	781.00	
0.71850	5.75	929.65	892.65	807.65	672.65	619.65	275.65	0.00	252.65	790.35	
0.72000	5.76	928.00	891.00	806.00	671.00	618.00	274.00	0.00	251.00	792.00	
0.73000	5.84	917.00	880.00	795.00	660.00	607.00	263.00	0.00	240.00	803.00	
0.74000	5.92	906.00	869.00	784.00	649.00	596.00	252.00	0.00	229.00	814.00	
0.75000	6.00	895.00	858.00	773.00	638.00	585.00	241.00	0.00	218.00	825.00	
0.76000	6.08	884.00	847.00	762.00	627.00	574.00	230.00	0.00	207.00	836.00	
0.77000	6.16	873.00	836.00	751.00	616.00	563.00	219.00	0.00	196.00	847.00	
0.78000	6.24	862.00	825.00	740.00	605.00	552.00	208.00	0.00	185.00	858.00	
0.79000	6.32	851.00	814.00	729.00	594.00	541.00	197.00	0.00	174.00	869.00	
0.80000	6.40	840.00	803.00	718.00	583.00	530.00	186.00	0.00	163.00	880.00	
0.83330	6.67	803.37	766.37	681.37	546.37	493.37	149.37	0.00	126.37	916.63	
0.85000	6.80	785.00	748.00	663.00	528.00	475.00	131.00	0.00	108.00	935.00	
0.90625	7.25	723.12	686.12	601.12	466.12	413.12	69.12	0.00	46.12	996.88	
0.92760	7.42	699.64	662.64	577.64	442.64	389.64	45.64	0.00	22.64	1020.36	
0.93750	7.50	688.75	651.75	566.75	431.75	378.75	34.75	0.00	11.75	1031.25	
0.96875	7.75	654.37	617.37	532.37	397.37	344.37	0.37	0.00	0.00	1065.63	
1.00000	8.00	620.00	583.00	498.00	363.00	310.00	0.00	0.00	0.00	1100.00	

COBRA RATES

96.00 DENTAL 97.92

15.00 VISION 15.30

113.22

		FULL PREMIUM					
		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
SISC	\$ 1,100.00	\$ 1,720	\$ 1,683	\$ 1,598	\$ 1,463	\$ 1,410	\$ 1,066
Keenan 75%		\$ 1,290.00	\$ 1,262.25	\$ 1,198.50	\$ 1,097.25	\$ 1,057.50	\$ 799.50
Keenan COBRA		\$ 1,754.40	\$ 1,716.66	\$ 1,629.96	\$ 1,492.26	\$ 1,438.20	\$ 1,087.32
DUAL EE		\$ 190.00	\$ 162.25	\$ 98.50	\$ 0.00	\$ 0.00	\$ 0.00

		HSA \$5000 1	HSA \$5000 2
75%		\$ 654	\$ 1,043
COBRA		\$ 490.50	\$ 782.25
		\$ 667.08	\$ 1,063.86



ECS Certificated Members
October 1, 2024 - September 30, 2025

	2024-2025					
	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	100-D \$20	100-G \$20	90-G \$20	80-G \$20	80-J \$30	HSA \$5000 (Formerly Minimum Value)
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$300/\$600	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$750/\$1,500	\$5,000/\$10,000*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	\$6,350/\$12,700*

*Includes Rx

*Includes Rx

PROFESSIONAL SERVICES

Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$20	\$20	\$20	\$30	Deductible, then 30%	Deductible, then 30%
Urgent Care co-pay	\$20	\$20	\$20	\$20	\$30	30%	30%
Specialists/Consultants co-pay	\$20	\$20	\$20	\$20	\$30	30%	30%
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$20	\$30	30%	30%
Scans: CT, CAT, MRI, PET etc.	0%	0%	10%	20%	20%	30%	30%
Diagnostic X-ray & Laboratory Procedures	0%	0%	10%	20%	20%	30%	30%
Inferility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (copay waived if admitted)	0% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	30% \$100 co-pay
Inpatient Hospital (preauth. required) - limits may apply	0%	0%	10%	20%	20%	30%	30%
Outpatient Hospital	0%	0%	10%	20%	20%	30%	30%
Surgery, Outpatient (performed in Surgery Center)	0%	0%	10%	20%	20%	30%	30%
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	0%	10%	20%	20%	30%	30%

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	30%	30%
OUTPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	30%	30%



ECS Certificated Members
October 1, 2024 - September 30, 2025

	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	HSA \$5000
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
2024-2025	100-D \$20	100-G \$20	90-G \$20	80-G \$20	80-J \$30	HSA \$5000 (Formerly Minimum Value)	Two-Tier HSA \$5000 (Formerly Anchor Bronze)

OTHER SERVICES

Ambulance (Ground or Air)	0%	0%	10%	20%	20%	30%	30%
	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay
Acupuncture - Limits apply	0%	0%	10%	20%	20%	30%	30%
	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network
Chiropractic - Limits apply	0%	0%	10%	20%	20%	30%	30%
	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network	Uses ASH Network
Durable Medical Equipment (DME)	0%	0%	10%	20%	20%	30%	30%
	0%	0%	10%	20%	20%	30%	30%
Physical and Occupational Therapy - Limits apply	0%	0%	10%	20%	20%	30%	30%
	Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months
Hearing Aids							

PHARMACY BENEFITS

Plan	200/10-35	200/10-35	200/10-35	200/10-35	200/10-35	HSA Rx	HSA Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	Included w/ Medical ded	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network
Brand co-pay/30 days supply	\$35	\$35.00	\$35.00	\$35.00	\$35.00	Deductible, then \$35	Deductible, then \$35
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)	Deductible, then \$35 (Must Use Navitus Mail)
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	Deductible, then \$0-\$90	Deductible, then \$0-\$90
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy

This sheet is only a brief summary of in-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.

* Coverage stages apply, see benefit summary for details

Keep Smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com. This useful service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your

plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁴ You can find this date by logging in to your online account.

Newly covered?

Visit deltadentalins.com/welcome.

Save with a PPO dentist



¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

Plan Benefit Highlights for: Eureka City Schools
(Certificated & Classified)

Group No: 07092 – 00326 & 00327

Effective Date: 7/1/2020

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	None			
Maximums	\$2,000 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, (2) cleanings and x-rays	70 - 100 %	70 - 100 %
Basic Services Fillings, posterior composites and sealants	70 - 100 %	70 - 100 %
Endodontics (root canals) Covered Under Basic Services	70 - 100 %	70 - 100 %
Periodontics (gum treatment) Covered Under Basic Services	70 - 100 %	70 - 100 %
Oral Surgery Covered Under Basic Services	70 - 100 %	70 - 100 %
Major Services Crowns, inlays, onlays and cast restorations	70 - 100 %	70 - 100 %
Prosthodontics Bridges, dentures and implants	50 %	50 %
Orthodontic Benefits Dependent children	50 %	50 %
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime
Dental Accident Benefits	100 % (Separate \$1,000 maximum per person each calendar year)	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

Delta Dental of California
560 Mission St., Suite 1300
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

HLT_PPO_INCEN_DDC (Rev. 04/30/2020)

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

A Look at Your VSP Vision Coverage

With VSP and EUREKA CITY SCHOOLS,
your health comes first.



As a member, you'll get access to savings
and personalized vision care from a VSP
network doctor for you and your family.

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.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.



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.

vsp
vision care

More Ways to Save

Extra

\$20

to spend on

Featured Frame Brands[†]

bebe Calvin Klein
COLE HAAN DRAGON
FLEXON LONG CHAMP
and more

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

+

Up to

40%

Savings on
lens enhancements[‡]

Create an account today.
Contact us: **800.877.7195** or vsp.com

Your VSP Vision Benefits Summary
EUREKA CITY SCHOOLS and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

07/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none">Focuses on your eyes and overall wellnessRoutine retinal screening	\$5 for exam and glasses Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">Retinal imaging for members with diabetes covered-in-fullAdditional 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.Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	\$5 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none">\$170 Featured Frame Brands allowance\$150 frame allowance20% savings on the amount over your allowance	Combined with exam	Every 12 months
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Combined with exam	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage 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
Glasses and Sunglasses <ul style="list-style-type: none">Discover all current eyewear offers and savings at vsp.com/offers.30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.			
Laser Vision Correction <ul style="list-style-type: none">Average of 15% off the regular price; discounts available at contracted facilities.After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor			
ADDITIONAL SAVINGS <ul style="list-style-type: none">Exclusive Member Extras for VSP Members<ul style="list-style-type: none">Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details.Enjoy everyday savings on health, wellness, and more with VSP Simple Values.			

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. Premier Edge is not available for some members in the state of Texas.
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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