

Make Eye Health a Priority with VSP!

Your health comes first with VSP and MAPLETON PUBLIC SCHOOLS. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$471*

and more when EasyOptions is selected.

Personalize Your Vision Coverage

Check out VSP EasyOptions on the back page to see how each member can select one covered eyewear upgrade.

Enroll through your employer today.
Questions?

vsp.com or **800.877.7195**

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

VSP gives you thousands of in-network choices, including private practice doctors, regional and national optical retail chains, or online at **eyeconic.com**®. You'll get the most out of your benefits at a VSP Premier Edge™ location.

	Preferred private practice and retail in-network choices
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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.



Scan QR code or visit **vsp.com** to learn more.

*Plan year begins in July

†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.

**Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +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**. Visionworks and Eyeconic are VSP-affiliated companies.

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Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through MAPLETON PUBLIC SCHOOLS. Get coverage for essentials, or upgrade to enhance your coverage options.

Provider Network:

VSP Choice

Effective Date:

07/01/2025



BENEFIT	DESCRIPTION	COPAY
Base Plan Coverage with a VSP Doctor		
WELLVISION EXAM	- Focuses on your eyes and overall wellness - Routine retinal screening - Every plan year*	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - 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. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details. - Available as needed	\$20 per exam
PRESCRIPTION GLASSES \$25		
FRAME*	\$225 Featured Frame Brands allowance \$225 Visionworks frame allowance on any frame \$175 frame allowance 20% savings on the amount over your allowance \$175 Walmart/Sam's Club frame allowance \$95 Costco frame allowance - Every plan year	Included in Prescription Glasses
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children - Every plan year	Included in Prescription Glasses
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements - Every plan year	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	\$175 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation) - Every plan year	Up to \$60
VSP LIGHTCARE™+	\$175 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts - Every plan year	\$25

BENEFIT	DESCRIPTION	COPAY
High Plan Coverage with a VSP Provider		
WELLVISION EXAM	- Focuses on your eyes and overall wellness - Routine retinal screening - Every plan year*	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - 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. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details. - Available as needed	\$20 per exam
PRESCRIPTION GLASSES \$25		
FRAME*	\$225 Featured Frame Brands allowance \$225 Visionworks frame allowance on any frame \$175 frame allowance 20% savings on the amount over your allowance \$175 Walmart/Sam's Club frame allowance \$95 Costco frame allowance - Every plan year	Included in Prescription Glasses
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children - Every plan year	Included in Prescription Glasses
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements - Every plan year	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	\$175 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation) - Every plan year	Up to \$60
VSP EASYOPTIONS*	Members can choose one of these upgrades - An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$50 contact lens allowance. - Every plan year	
VSP LIGHTCARE™+	\$275 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts - Every plan year	\$25

ADDITIONAL SAVINGS	Glasses and Sunglasses - Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.
	Laser Vision Correction Average of 15% off the regular price; discounts available at contracted facilities.
	Exclusive Member Extras for VSP Members - 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.