



Protect  
your vision  
with VSP.

## Get the best in eyecare and eyewear with PLEASANTVILLE PUBLIC SCHOOLS and VSP® Vision Care.



At VSP, we invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

### You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP provider or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### Using your VSP benefit is easy.

- **Register at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** To find a VSP provider, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit [vsp.com](http://vsp.com) to find a VSP provider who carries these brands.

See why we're consumers' #1  
choice in vision care².

Contact us. 800.877.7195  
[vsp.com](http://vsp.com)

# Your VSP Vision Benefits Summary



PLEASANTVILLE PUBLIC SCHOOLS and VSP provide you with an affordable eyecare plan.

VSP Coverage Effective Date: 07/01/2015

VSP Provider Network: VSP Choice

| Benefit                                  | Description                                                                                                                                                                                                        | Copay                                 | Frequency             |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------|
| <b>Your Coverage with a VSP Provider</b> |                                                                                                                                                                                                                    |                                       |                       |
| WellVision Exam                          | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>                                                                                                                        | \$10                                  | Every plan year*      |
| <b>Prescription Glasses</b>              |                                                                                                                                                                                                                    | \$20                                  | See frame and lenses  |
| <b>Frame</b>                             | <ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> </ul>         | Included in Prescription Glasses      | Every other plan year |
| <b>Lenses</b>                            | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>                                                     | Included in Prescription Glasses      | Every other plan year |
| <b>Lens Enhancements</b>                 | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul> | \$55<br>\$95 - \$105<br>\$150 - \$175 | Every other plan year |
| <b>Contacts (instead of glasses)</b>     | <ul style="list-style-type: none"> <li>\$150 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>                 | \$0                                   | Every other plan year |

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Extra Savings</b> | <p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <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> |  |  |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

## Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP network provider.

|                      |                                     |                                      |                          |
|----------------------|-------------------------------------|--------------------------------------|--------------------------|
| Exam.....up to \$43  | Single Vision Lenses.....up to \$30 | Lined Trifocal Lenses.....up to \$62 | Contacts.....up to \$100 |
| Frame.....up to \$40 | Lined Bifocal Lenses.....up to \$45 | Progressive Lenses.....up to \$45    |                          |

\*Plan year begins in July  
 VSP guarantees coverage from VSP network 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.

Contact us. **800.877.7195** | [vsp.com](http://vsp.com)

<sup>1</sup> Brands/Promotion subject to change.

<sup>2</sup>Blueocean Market Intelligence National Vision Plan Member Research, 2014