

# A Look at Your VSP Vision Coverage

With VSP and California's Valued Trust (Plan C \$15 Copay), your health comes first.



**VSP® Vision Care provides you personalized eye care at VSP network locations with low or no 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 which provide offers from VSP and leading industry brands totaling more than \$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.



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.

## **Premier Edge™ Promise**

You now have access to the Premier Edge Promise, a worry-free eyewear guarantee. This protects you from the unexpected when you go to a Premier Edge location whether it's accidentally broken or damaged glasses, your prescription changes or if you don't love the glasses you chose. Visit **vsp.com/zerocopy** for details.



## More Ways to Save

**Extra  
\$20  
to spend on  
Featured Frame Brands†**



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  
2025-2026  
Willows Unified School District - Classified

Provider Network:  
VSP Signature  
Frequency:  
Exam every 12 months  
Frame every 12 months  
Lenses every 12 months



| BENEFIT                             | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PREMIERMAX                                 | COPAY WITH OTHER VSP                       |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|
|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COPAY WITH PREMIER<br>EDGE PROVIDERS       | NETWORK PROVIDERS                          |
| COVERAGE WITH A VSP PROVIDER        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                            |
| WELLVISION<br>EXAM                  | <ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Every 12 months</li></ul>                                                                                                                                                                                                                                                                                                                                                   | \$0                                        | \$15 for exam and glasses                  |
| RETINAL<br>SCREENING                | <ul style="list-style-type: none"><li>Images of the inside of the eye, used to screen for potential signs of eye disease</li><li>Every 12 months</li></ul>                                                                                                                                                                                                                                                                                                          | \$0                                        | Up to \$39                                 |
| ESSENTIAL<br>MEDICAL<br>EYE CARE    | <ul style="list-style-type: none"><li>Retinal imaging for members with diabetes covered-in-full</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 network doctor for details.</li><li>Available as needed</li></ul> | \$20 per exam                              | \$20 per exam                              |
| PRESCRIPTION GLASSES                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                            |
| FRAME <sup>+</sup>                  | <ul style="list-style-type: none"><li>\$220 Featured Frame Brands allowance</li><li>\$200 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$110 Walmart/Sam’s Club/Costco frame allowance</li><li>Every 12 months</li></ul>                                                                                                                                                                                                           | Combined with exam                         | Combined with exam                         |
| 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><li>Every 12 months</li></ul>                                                                                                                                                                                                                                                                              | Combined with exam                         | Combined with exam                         |
| LENS<br>ENHANCEMENTS <sup>+</sup>   | <ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Tints/Light-reactive lenses</li><li>Average savings of 40% on other lens enhancements</li><li>Every 12 months</li></ul>                                                                                                                                                                                              | \$0<br>\$80 – \$90<br>\$120 – \$160<br>\$0 | \$0<br>\$80 – \$90<br>\$120 – \$160<br>\$0 |
| CONTACTS<br>(INSTEAD OF<br>GLASSES) | <ul style="list-style-type: none"><li>\$150 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li><li>Every 12 months</li></ul>                                                                                                                                                                                                                                                                                       | Up to \$60                                 | Up to \$60                                 |
| ADDITIONAL<br>SAVINGS               | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Discover all current eyewear offers and savings at <b>vsp.com/offers</b>.</li><li>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.</li></ul>            |                                            |                                            |
|                                     | <b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average of 15% off the regular price; discounts available at contracted facilities.</li><li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li></ul>                                                                                                                                                                                                 |                                            |                                            |
|                                     | <b>Exclusive Member Extras</b> <ul style="list-style-type: none"><li>Contact lens rebates, lens satisfaction guarantees, and more offers at <b>vsp.com/offers</b>.</li><li>Save up to 60% on digital hearing aids with TruHearing. Visit <b>vsp.com/offers/special-offers/hearing-aids</b> for details.</li><li>Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.</li></ul>                                          |                                            |                                            |

<sup>†</sup>Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

<sup>‡</sup>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](https://vsp.com). Visionworks is a VSP-affiliated company.

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