

Life is  
better in  
focus.™



**Get access to the best in eye care and eyewear with SAN JUAN UNIFIED SCHOOL DISTRICT and VSP® Vision Care.**



Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

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

- **High Quality Vision Care.** You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

**Using your VSP benefit is easy.**

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** 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 bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.<sup>1</sup> Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's preferred online eyewear store.

Save with VSP Coverage	Without VSP Coverage	With Enhanced Plan Coverage
Eye Exam	\$169	
Frame	\$130	\$0
Bifocal Lenses	\$166	
Photochromic Adaptive Lenses	\$113	\$62
Anti-reflective Coating	\$115	\$61
Employee-only Annual Contribution	N/A	\$22.50*
<b>Total</b>	<b>\$693</b>	<b>\$145.50</b>

Comparison based on national averages for comprehensive eye exams and most commonly purchased brands

\*Based on full-time equivalent employment status.

NOTE: Dollar amounts in the savings chart are estimates and don't reflect additional discounts from current VSP offers and promotions.

**Average Annual Savings with a VSP Provider: \$547.50**

Enroll in VSP 08/01/2019 - 09/06/2019 at [SJUSD.vspforme.com](http://SJUSD.vspforme.com) or call 800.400.4569 to enroll over the phone.

# Your VSP Vision Benefits Summary

Enhanced VSP Coverage Effective Date: 10/01/2019  
Special Vision Enrollment Dates: 08/01/2019 - 09/06/2019

Effective October 1, 2019, SAN JUAN UNIFIED SCHOOL DISTRICT is adding an additional Enhanced Vision Plan option for employees, which allows them to receive materials annually with higher allowances and the option to add dependent coverage.

## Basic Employee Only Plan VSP Provider Network: VSP Signature

Benefit	Description	Copay
<b>Your Coverage with a VSP Provider</b>		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$0 for exam and glasses
<b>Prescription Glasses</b>		
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$120 allowance for a wide selection of frames</li> <li>\$140 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$65 Costco® frame allowance</li> <li>Every other calendar year</li> </ul>	Combined with exam
<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> <li>Every calendar year</li> </ul>	Combined with exam
<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 35-40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$80 - \$90 \$120 - \$160
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	\$0
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>	\$20
<b>Your Tenthly Contribution*</b>	\$0 Employee-only	

## Enhanced Plan VSP Provider Network: VSP Signature

Benefit	Description	Copay
<b>Your Coverage with a VSP Provider</b>		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$0 for exam and glasses
<b>Prescription Glasses</b>		
<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> <li>\$80 Costco® frame allowance</li> <li>Every calendar year</li> </ul>	Combined with exam
<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> <li>Every calendar year</li> </ul>	Combined with exam
<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 35-40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$80 - \$90 \$120 - \$160
<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> <li>Every calendar year</li> </ul>	\$0
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>	\$20
<b>Your Tenthly Contribution*</b>	\$2.25 Employee-only      \$32.08 Employee + family \$16.49 Employee + 1	

<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/offers">vsp.com/offers</a> for details.</li> <li>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.</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>
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### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

\*Based on full-time equivalent employment status

Vision coverage changes will only be permitted during this Special Vision Open Enrollment Period 08/01/2019 through 9/06/2019 and will not be permitted during the fall open enrollment period. The next open enrollment period for vision changes will be fall 2020 for an effective coverage date of January 1, 2021.

If you are adding dependents to your vision coverage who are not currently on your medical coverage, you will need to provide proof of dependency to the District Benefits Office by September 6, 2019. The Benefits Office will need a copy of your marriage certificate or domestic partnership document when adding a spouse or domestic partner. When adding a dependent child, the District will need a copy of the child's birth certificate.

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. 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.

1. Brands/Promotions subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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