

**Benefits for Floyd County Public Schools**

**Group Number: 00000700063 • Effective Date: October 1, 2023**

VSP® Preferred Provider Covered Benefits			
Benefits and Limitations	Coinsurance		
	Copay	Frequency	Allowance
• <b>WellVision Exam®</b> — Focuses on your eyes and overall health.	\$10	One every 12 months	
• <b>Prescription glasses</b>  - <b>Frames</b> — Included in prescription glasses. \$150 allowance for frames; 20% savings on the amount over your allowance; \$80 frame allowance for Costco®.  - <b>Lenses</b> — Included in prescription glasses. Single vision, lined bifocal and lined trifocal lenses. Covers polycarbonate lenses for children. Covers standard progressive lenses.	\$20 materials copay		
		One pair every 12 months	\$150
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• <b>Elective contact lenses</b> — In lieu of prescription glasses.	No copay	Every 12 months	\$150
• <b>Elective contact lenses fitting and evaluation</b>	Up to \$60	Every 12 months	
• <b>Diabetic Eyecare Plus Program<sup>SM</sup></b> — Provides additional services for members with diabetic eye disease, glaucoma and age-related macular degeneration (AMD).	\$20		
Benefit Enhancements			
• <b>KidsCare</b> — An additional comprehensive eye exam and an additional pair of lenses (with minimum Rx change) every year.	\$10 exam \$20 lenses	Every 12 months	
• <b>LightCare™</b> — Members can use their frame allowance toward nonprescription sunglasses or blue light glasses.	\$20	Every 12 months	\$150
Extra Savings			
• Extra \$20 to spend on Featured Frame Brands — go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. • No more than a \$39 copay on routine retinal screening as an enhancement to WellVision Exam. • Average 15% off the regular price or 5% off the promotional price of Laser Vision Correction; discounts only available from contracted facilities.			

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Out-of-Network Covered Benefits			
• Exam	Up to \$45	• Single vision lenses	Up to \$30
• Frames	Up to \$70	• Lined bifocal lenses	Up to \$50
• Contacts	Up to \$105	• Lined trifocal lenses	Up to \$65
• Necessary contact lenses	Up to \$210	• Progressive lenses	Up to \$50

### Find a Provider

To find a VSP® Preferred Provider or participating retail chain, 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. When you see a VSP provider, you'll get the most out of your benefit, have lower-out-of-pocket costs and your satisfaction is guaranteed!

### Coverage is available for:

- Dependent children to the end of the month they reach age 26 (the "limiting age").

The preceding information is a brief description of the services covered under your plan and is not designed to serve as an Evidence of Coverage. If you have specific questions regarding benefit structure, limitations or exclusions, consult your plan document or call VSP at 800.877.7195.

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