

Your VSP Vision Benefits Summary

Fresno USD and VSP provide you with an affordable vision plan to maximize your coverage. Get the most out of your benefits with low, or no out-of-pocket costs when you visit a VSP network doctor or Premier Edge location.

Provider Network:

VSP Choice

Effective Date:

01/01/2024



BENEFIT	DESCRIPTION	COPAY WITH PREMIER EDGE PROVIDERS	COPAY WITH OTHER VSP NETWORK PROVIDERS
COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0	\$5 for exam and glasses
RETINAL SCREENING	<ul style="list-style-type: none"> Images of the inside of the eye, used to screen for potential signs of eye disease Every calendar year 	Up to \$39	Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> 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	\$20 per exam
FIRST PAIR BENEFIT – PRESCRIPTION GLASSES			
FRAME⁺	<ul style="list-style-type: none"> \$225 Featured Frame Brands allowance \$225 Visionworks frame allowance on any frame \$175 frame allowance \$175 Walmart/Sam's Club/Costco frame allowance 20% savings on the amount over your allowance Every other calendar year 	Combined with exam	Combined with exam
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Combined with exam	Combined with exam
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Progressive lenses Light-reactive lenses Scratch-resistant coating UV protection Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0
SECOND PAIR BENEFIT – CONTACTS ONLY	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Up to \$60
VSP LIGHTCARE™⁺	<ul style="list-style-type: none"> \$175 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every other calendar year 	Combined with exam	Combined with exam
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 40% savings on additional pairs of prescription glasses from same VSP network provider who performed your WellVision exam within 12 months of your last exam. 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. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. <p>Exclusive Member Extras</p> <ul style="list-style-type: none"> 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. Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values. 		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam.....up to \$73	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$50
Frame.....up to \$70	Lined Trifocal Lenses.....up to \$65	Contacts.....up to \$115
Single Vision Lenses.....up to \$31	Lenticular Lenses.....up to \$100	Necessary Contacts.....up to \$324