

Keep your eyes healthy with Amarillo ISD and VSP[®] Vision Care.

Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear.

You'll like what you see with VSP.

- **Value and Savings.** You'll get quality care that focuses on your eyes and overall wellness with VSP. Plus, your satisfaction is guaranteed when you see a VSP doctor.
- **Great Eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

Using your VSP benefit is easy.

- **Find an eyecare provider who's right for you.**
To find a VSP doctor, visit vsp.com or call 800.877.7195.
- **Review your benefit information.**
Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.**
There's no ID card necessary.

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

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. Choose from great brands, like bebe[®], Calvin Klein, Disney, Fendi, Nike, and Tommy Bahama[®].

Enroll in VSP today.
You'll be glad you did.

Contact us.
vsp.com | 800.877.7195



Your VSP Vision Benefit Summary

Effective 07/01/2014

Amarillo ISD and VSP provide you with a choice of affordable vision plans—choose the plan that’s right for you.

Option I

(with a VSP doctor and Affiliate Providers*)

Doctor Network..... VSP Signature

WellVision Exam[®] focuses on your eye health and overall wellness

\$10 copay *every plan year

Prescription Glasses

\$25 copay

Lenses *every plan year

- Single vision, lined bifocal, lined trifocal lenses
- Polycarbonate lenses for dependent children
- Frame *every other plan year
- **\$120** allowance for a wide selection of frames
- 20% off the amount over your allowance

–OR–

Contact Lens (Instead of Glasses)..... *every plan year

- Up to \$60 copay for your contact lens exam (fitting and evaluation)
- **\$120** allowance for contacts

Your Monthly Contribution

Employee Only.....	\$10.42
Employee + Spouse.....	\$20.87
Employee + Child(ren).....	\$22.32
Employee + Family.....	\$35.70

Option II

(with a VSP doctor and Affiliate Providers*)

Doctor Network..... VSP Signature

WellVision Exam focuses on your eye health and overall wellness

\$10 copay..... *every plan year

Prescription Glasses

\$25 copay

Lenses..... *every plan year

- Single vision, lined bifocal, lined trifocal lenses
- Polycarbonate lenses for dependent children
- Frame..... *every other plan year
- **\$250** allowance for a wide selection of frames
- 20% off the amount over your allowance

–OR–

Contact Lens (Instead of Glasses).... *every plan year

- Up to \$60 copay for your contact lens exam (fitting and evaluation)
- **\$250** allowance for contacts

Your Monthly Contribution

Employee Only.....	\$14.29
Employee + Spouse.....	\$28.61
Employee + Child(ren).....	\$30.62
Employee + Family.....	\$48.92

Extra Savings and Discounts (Applies to both plans)

Glasses and Sunglasses

- Average 35%-40% savings on non-covered lens options
- 30% off additional glasses and sunglasses from the same VSP doctor on the same day as your WellVision Exam; or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.

Contacts

- 15% off the contact lens exam (fitting and evaluation)

*Plan year – beginning in July

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities

Your Benefits from Other Providers

- Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Your Coverage with Other Providers (Applies to both plans)

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam.....up to \$50	Single Vision Lenses.....up to \$50	Lined Trifocal Lenses.....up to \$100
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$75	Progressive Lenses.....up to \$75
Contacts.....up to \$105		

*Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit 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.

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