



Life is
better
in focus.™

Get access to the best in eye care and eyewear with MINNEAPOLIS PUBLIC SCHOOLS 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 the lowest out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **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 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.

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.¹ Visit vsp.com to find a Premier Program location who carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

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

Contact us.
800.877.7195 | vsp.com

Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 01/01/2020

MINNEAPOLIS PUBLIC SCHOOLS and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Standard Plan			VSP Provider Network: Choice			Premier Plan			VSP Provider Network: Choice		
Benefit	Description	Copay	Benefit	Description	Copay	Benefit	Description	Copay	Benefit	Description	Copay
Your Coverage with a VSP Provider											
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
Prescription Glasses			\$25			Prescription Glasses			\$25		
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance Every other calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance \$95 Costco® frame allowance Every calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance \$95 Costco® frame allowance Every calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance \$95 Costco® frame allowance Every calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% savings on other lens enhancements Every calendar year 	\$55 \$95 - \$105 \$150 - \$175	Lens Enhancements	<ul style="list-style-type: none"> Anti-reflective coating Standard, Premium, and Custom progressive lenses Polycarbonate lenses UV Protection Average 20-25% savings on other lens enhancements Every calendar year 	\$30 \$50 \$0 \$0	Lens Enhancements	<ul style="list-style-type: none"> Anti-reflective coating Standard, Premium, and Custom progressive lenses Polycarbonate lenses UV Protection Average 20-25% savings on other lens enhancements Every calendar year 	\$30 \$50 \$0 \$0	Lens Enhancements	<ul style="list-style-type: none"> Anti-reflective coating Standard, Premium, and Custom progressive lenses Polycarbonate lenses UV Protection Average 20-25% savings on other lens enhancements Every calendar year 	\$30 \$50 \$0 \$0
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60

VSP Diabetic Eyecare Plus Program SM	<ul style="list-style-type: none"> 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. As needed 	\$20
---	--	------

Extra Savings	Glasses and Sunglasses	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
	Retinal Screening	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	Laser Vision Correction	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Your Bi-weekly Contributions (10 months)	January – June	<ul style="list-style-type: none"> Employee Only Employee + Family 	\$3.61 \$9.81	Your Bi-weekly Contributions (10 months)	January – June	<ul style="list-style-type: none"> Employee Only Employee + Family 	\$5.00 \$13.78
	September – December	<ul style="list-style-type: none"> Employee Only Employee + Family 	\$2.71 \$7.35		September – December	<ul style="list-style-type: none"> Employee Only Employee + Family 	\$3.75 \$10.33

Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.			
Exam.....	up to \$45	Single Vision Lenses.....	up to \$30
Frame.....	up to \$70	Lined Bifocal Lenses.....	up to \$50
		Lined Trifocal Lenses.....	up to \$65
		Progressive Lenses.....	up to \$50
		Contacts.....	up to \$105

Coverage with a participating retail chain may be different. VSP guarantees coverage 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.

Contact us. [800.877.7195](tel:800.877.7195) | vsp.com

1. Brands/Promotion 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.

©2017 Vision Service Plan. All rights reserved.

VSP, VSP Vision care for life, WellVision Exam, and eyeconic.com are registered trademarks, and "Life is better in focus" is a trademark, and Diabetic Eyecare Plus Program is a service mark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners. 12880 VCCM