

Make Eye Health a Priority with VSP!

Your health comes first with VSP and Schertz-Cibolo-Universal City ISD. Take a look at your VSP vision care coverage.



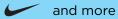
VSP members save an annual average of

More Ways to Save

Extra \$20 to spend on Featured Frame Brands[†]

bebe @DRAGON. Calvin Klein **FLEXON**

COLE HAAN LONGCHAMP



Up to 40% Savings on lens enhancements!

See all brands and offers at vsp.com/offers.

Enroll through your employer today. Questions?

vsp.com or 800.877.7195

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

With thousands of in-network locations to choose from, including private practice doctors and retail locations nationwide, getting the most out of your benefits is easy.



Visionworks

Get more in network

eyeconic

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.



Scan QR code or visit vsp.com to learn more.

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. ‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. *Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction 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. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge" is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks and Eyeconic are VSP-affiliated companies

©2025 Vision Service Plan, All rights reserved.

Your VSP Vision Benefits Summary

Frameup to \$70

Single Vision Lensesup to \$30

Prioritize your health and your budget with a VSP plan through Schertz-Cibolo-Universal City ISD. Get coverage for essentials, or upgrade to enhance your coverage options.

Provider Network: VSP Advantage Effective Date: 09/01/2025



Contactsup to \$105

BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
Lo	ow Plan Coverage with a VSP Doctor		Hi	gh Plan Coverage with a VSP Provider	
WELLVISION EXAM	 Focuses on your eyes and overall wellness Routine retinal screening Every calendar year 	\$10 Up to \$39	WELLVISION EXAM	 Focuses on your eyes and overall wellness Routine retinal screening Every calendar year 	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	 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	ESSENTIAL MEDICAL EYE CARE	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
PRESCRIPTION (GLASSES	\$15	PRESCRIPTION	GLASSES	\$10
FRAME*	 \$135 Featured Frame Brands allowance \$115 frame allowance 20% savings on the amount over your allowance \$65 Costco frame allowance Every other calendar year 	Included in Prescription Glasses	FRAME*	\$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Costco frame allowance Every calendar year	Included ir Prescription Glasses
LENSES	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year	Included in Prescription Glasses	LENSES	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year	Included ir Prescriptio Glasses
LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses UV protection Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175 \$0	LENS ENHANCEMENTS	Standard progressive lenses Premium progressive lenses Custom progressive lenses UV protection Average savings of 30% on other lens enhancements Every calendar year	\$0 \$95 - \$105 \$150 - \$175 \$0
CONTACTS (INSTEAD OF GLASSES)	\$115 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60
	Glasses and Sunglasses Discover all current eyewear offers and s Ow savings on unlimited additional pair VSP provider within 12 months of your la	s of prescription	or non-prescription (glasses/sunglasses, including lens enhanceme	ents, from a
ADDITIONAL SAVINGS	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.				
	 Exclusive Member Extras for VSP Members 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. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 				
YOUR MONTHLY CONTRIBUTION	\$7.15 Member only \$13.45 Member + spouse \$19.14 Member	, ,	YOUR MONTHLY CONTRIBUTION	\$12.60 Member only \$23.70 Member \$23.70 Member \$33.72 Member	
COVERAGE W <u>ITH</u>	AN OUT-OF-NETWORK DOCTOR				
	e in-network choices. Log in to vsp.com			ts. You'll have access to preferred priva Your plan provides the following out-of-	

Lined Trifocal Lensesup to \$65