



# 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

**\$471\***

## More Ways to Save

Extra **\$20** to spend on  
Featured Frame Brands†

bebe Calvin Klein COLE HAAN  
DRAGON FLEXON LONGCHAMP  
and more

Up to **40%** Savings on  
lens enhancements‡

See all brands and offers  
at [vsp.com/offers](https://vsp.com/offers).

## 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.



Get more in network

private  
practice  
doctors

Visionworks

EYEMART  
EXPRESS  
FAIRLY OF STORES

eyeconic

Enroll through your employer today.  
Questions?

**[vsp.com](https://vsp.com) or 800.877.7195**

## Using your benefit is easy!

Create an account on **[vsp.com](https://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](https://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](https://vsp.com). Visionworks and Eyeconic are VSP-affiliated companies.

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Classification: Restricted

## Your VSP Vision Benefits Summary

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



BENEFIT	DESCRIPTION	COPAY
<b>Low Plan Coverage with a VSP Doctor</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam

PRESCRIPTION GLASSES		\$15
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$135 Featured Frame Brands allowance</li> <li>\$115 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$65 Costco frame allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$115 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60

<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b>	
	<ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>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.</li> </ul>	
	<b>Laser Vision Correction</b>	
	<ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>	
	<b>Exclusive Member Extras for VSP Members</b>	
	<ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="https://www.vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>	

<b>YOUR MONTHLY CONTRIBUTION</b>	\$7.15 Member only \$13.45 Member + spouse	\$13.45 Member + child(ren) \$19.14 Member + family
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BENEFIT	DESCRIPTION	COPAY
<b>High Plan Coverage with a VSP Provider</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$170 Featured Frame Brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60

<b>YOUR MONTHLY CONTRIBUTION</b>	\$12.60 Member only \$23.70 Member + spouse	\$23.70 Member + child(ren) \$33.72 Member + family
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### COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

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](https://www.vsp.com) to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam .....	up to \$45	Lined Bifocal Lenses .....	up to \$50	Progressive Lenses .....	up to \$50
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$65	Contacts .....	up to \$105
Single Vision Lenses .....	up to \$30				