

VISION BENEFIT SUMMARY FOR DAVENPORT COMMUNITY SCHOOL DISTRICT

BENEFITS: Examination: Every 12 Months
Lenses: Every 12 Months
Frame: Every 24 Months

COPAYMENTS: \$5 Examination
\$0 Materials

VSP Benefits	VSP Participating Provider Coverage	Non-Participating Provider Schedule of Allowances
Examination	Full Coverage*	\$35*
Basic Lenses		
Single	Full Coverage*	\$30*
Bifocal	Full Coverage*	\$40*
Trifocal	Full Coverage*	\$50*
Lenticular	Full Coverage*	\$80*
Frame	Full Coverage on Wide Selection Of Approved Frames**	\$30*
Contact Lenses (in lieu of spectacle lenses and frame)	\$90*** (15% Discount Applied to Professional Services)	\$90***

* Plan frequencies and copayments apply to services received from **both** VSP Participating Providers and Non-Participating Providers of service.

** **When selecting a frame ask the doctor which ones are covered in full.** You may choose a frame outside the plan coverage and simply pay the difference in cost.

*** Allowance for contact lenses and associated professional services, not including the examination. Material copayment does not apply to elective contact lenses.

Services Through a VSP Participating Provider

- Call a VSP Participating Provider for an appointment
- **Identify yourself as a VSP member** and schedule an appointment
- Participating Provider will need your Social Security number and employer name that provides your benefits

PLEASE NOTE: THERE ARE NO VISION INSURANCE CARDS

- Participating Provider will contact VSP to verify your eligibility, plan coverage and obtain authorization for services/materials. The provider will inform you at this time if you are not eligible for benefits.
- To locate a VSP Participating Provider, call VSP at **(800) 877-7195** or visit our website at **www.vsp.com**

Non-Covered Glasses

20% discount applied to VSP Provider's U&C fees for prescription glasses for one year following date of examination.

Services Through a Non-Participating Provider

When using a Non-Participating Provider, pay the full amount of the bill. To receive reimbursement, submit your claim to: Vision Service Plan, Attention: Non-Member Claims, P.O. Box 997100, Sacramento, CA 95899-7100.

Include the following information with the itemized receipt: Employer Name, Employee Name, Mailing Address, Employee Social Security Number, and Patient's Name and Date of Birth.

As a plan designed to meet the typical visual needs of its members, we limit or do not cover some materials and certain cosmetic or elective options chosen for cosmetic purposes. We also do not cover medical or surgical eyecare services. The following lists materials and services with either limited or no coverage under the Standard Plan. Please note that Participating Providers may request an exception if they feel a non-covered or limited material or service is necessary for the patient's visual welfare.

Cosmetic Options

The Standard Plan does not cover options chosen for cosmetic reasons. Patients should check with their Participating Provider to verify items that are covered. Examples of cosmetic options include:

- Blended Lenses
- Oversize Lenses
- Progressive multifocal lenses
- Photochromic lenses
- Tinted Lenses
- Coating of the lens or lenses
- Laminating of the lens or lenses
- Cosmetic Lenses
- Optional cosmetic processes
- UV-protected lenses
- Corrective vision services, treatments and materials of an experimental nature

Not Covered

Under VSP's Standard Plan, the following professional services and materials are not covered:

- Orthoptics or vision training and any associated supplemental testing
- Non-prescription lenses
- Two pairs of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- Any eye exam or corrective eyewear required by an employer as a condition of employment
- Lost or broken lenses and frames, unless the member has reached his or her normal interval for service when seeking replacements

VSP Customer Service (800) 877-7195 ♦ **Web Site at <http://www.vsp.com>**