

VSP_{eyecare}

couldn't be easier to obtain

To obtain services, simply.....

Check your VSP benefits

Contact our website at www.vsp.com

Select a VSP doctor

If you don't have a VSP doctor, you can:

- contact our website at www.vsp.com, or ---
- call 1-800-877-7195.

Call your VSP doctor

When you call for your appointment, the doctor will obtain your authorization.
Please provide:

- the covered member's identification number: **Social Security Number**
- the organization that provides your benefits: **Tamalpais Union HS District**
- your organization's Group Number: **421701-0017**

VISION SERVICE PLAN

America's First Choice for Eyecare

WellVision Exam

\$10 copay for exam and/or eyewear (every 12 months).

WellVision Exam is fully covered. If you wear contacts, you need a special exam to fit them and test your vision. You may have to pay for this exam.

Prescription Lenses

\$10 copay for exam and/or eyewear (every 12 months).

Single vision, lined bifocal, lined trifocal, photochromic and tinted (colored) lenses are fully covered.

Frames

\$10 copay for exam and/or eyewear (every 12 months).

You have a \$120 allowance for any frame. Plus you get 20% off any amount over your allowance.

Laser VisionCare

You can have laser correction surgery at a reduced price, and you get a discount on preoperative and postoperative care.

Contacts

\$50 copay (every 12 months).

Fully covered.

Primary EyeCare

\$5 per office visit.

Necessary services are fully covered.

Examples of specialty eyecare include exams to diagnose eye pain; monitoring the progress of pre-surgical cataracts; diagnosis and tests for loss of vision; treatment and management of glaucoma.

More detailed information available at: www.vsp.com