

# A LOOK AT YOUR VSP VISION COVERAGE

## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM MONTANA UNIFIED SCHOOL TRUST AND VSP.



Enroll in VSP® Vision Care to get personalized eye care from a VSP network doctor at low out-of-pocket costs.

### VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

### PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including **thousands of private practice doctors** and over **700 Visionworks retail locations** nationwide.



Visionworks

### 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.

### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

## GET YOUR PERFECT PAIR

**EXTRA \$20** +

TO SPEND ON  
FEATURED FRAME BRANDS\*

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SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).

UP TO **30%**  
SAVINGS ON LENS  
ENHANCEMENTS



**Enroll during your open enrollment.**

For more information, call **800.845.7283** or visit [mustbenefits.org](https://mustbenefits.org).

\*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.

## YOUR VSP VISION BENEFITS SUMMARY

Montana Unified School Trust and VSP provide you with an affordable vision plan.

**PROVIDER NETWORK:**  
VSP Choice



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>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>Please check if your Walmart®/Sam's Club®/Costco® optometrist is a participating retail provider</li> </ul>	\$0 \$0	Every 12 months*
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</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 doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed

<b>PRESCRIPTION GLASSES</b>			
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brand allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$150 Walmart/Sam's Club frame allowance</li> <li>\$85 Costco frame allowance</li> </ul>	\$0	Every 12 months
<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> </ul>	\$0	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Scratch-resistant coating</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$0 \$95 - \$105 \$150 - \$175	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months

<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>40% savings on additional pairs of prescription glasses from same VSP Network provider who performed your WellVision exam within 12 months of your last exam. 20% savings on unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP network doctor within 12 months of your last exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>		
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<b>YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS</b>			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Exam.....	up to \$45	Lined Bifocal Lenses.....	up to \$50
Contacts.....		Contacts.....	up to \$115
Frame.....	up to \$70	Lined Trifocal Lenses.....	up to \$65
Single Vision Lenses.....	up to \$30	Progressive Lenses.....	up to \$50
Coverage with a retail chain may be different or not apply. Log in to <a href="http://vsp.com">vsp.com</a> to check your benefits for eligibility and to confirm in-network locations based on your plan type. 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.			

Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.

\*Based on your last date of service.