

**Benefits for Floyd County Public Schools**

**Group Number: 00000003446 • Effective Date: October 1, 2024**

VSP® Preferred Provider Covered Benefits			
Benefits and Limitations	Coinsurance		
	Copay	Frequency	Allowance
• <b>WellVision Exam®</b> — Focuses on your eyes and overall health.	\$10	One every 12 months	
• <b>Prescription glasses</b>  - <b>Frames</b> — Included in prescription glasses. \$150 allowance for frames; 20% savings on the amount over your allowance; \$80 frame allowance for Costco®.  - <b>Lenses</b> — Included in prescription glasses. Single vision, lined bifocal and lined trifocal lenses. Covers polycarbonate lenses for children. Covers standard progressive lenses.	\$20 materials copay		
		One pair every 12 months	\$150
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• <b>Elective contact lenses</b> — In lieu of prescription glasses.	No copay	Every 12 months	\$150
• <b>Elective contact lenses fitting and evaluation</b>	Up to \$60	Every 12 months	
• <b>Diabetic Eyecare Plus Program<sup>SM</sup></b> — Provides additional services for members with diabetic eye disease, glaucoma and age-related macular degeneration (AMD).	\$20		
Benefit Enhancements			
• <b>KidsCare</b> — An additional comprehensive eye exam and an additional pair of lenses (with minimum Rx change) every year.	\$10 exam \$20 lenses	Every 12 months	
VSP Essential Medical Eye Care			
Retinal screening for members with diabetes, \$0 copay per visit. Exams and services to treat immediate issues such as pink eye and sudden changes in vision. Additional overage for members with dry eye, diabetic eye disease, glaucoma, or age-related macular degeneration and more. Medical eye exams [\$20] copay per visit. Limitations and coordination with your medical coverage may apply.			

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Out-of-Network Covered Benefits			
• Exam	\$45	• Single vision lenses	\$30
• Frames	\$70	• Lined bifocal lenses	\$50
• Contacts	\$105	• Lined trifocal lenses	\$65
• Necessary contact lenses	\$210	• Progressive lenses	\$50

### Find a Provider

To find a VSP® Preferred Provider or participating retail chain, visit [vsp.com](http://vsp.com) or call 800.877.7195. At your appointment, tell them you have VSP. There's no ID card necessary. When you see a VSP provider, you'll get the most out of your benefit, have lower-out-of-pocket costs and your satisfaction is guaranteed!

### Coverage is available for:

- Dependent children to the end of the month they reach age 26 (the "limiting age").

The preceding information is a brief description of the services covered under your plan and is not designed to serve as an Evidence of Coverage. If you have specific questions regarding benefit structure, limitations or exclusions, consult your plan document or call VSP at 800.877.7195.

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