



Life is
better in
focus.™

Get access to the best in eye care and eyewear with HAMPDEN-WILBRAHAM REGIONAL SCHOOL DISTRICT and VSP® Vision Care.



Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and low out-of-pocket costs.
- **High Quality Vision Care.** You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

Enroll in VSP today.
You'll be glad you did.
Contact us. **800.877.7195**
vsp.com

Your VSP Vision Benefits Summary



HAMPDEN-WILBRAHAM REGIONAL SCHOOL DISTRICT and VSP provide you with an affordable eyecare plan.

VSP Coverage Effective Date: 01/01/2019

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every 12 months
Prescription Glasses		\$20	See frame and lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® frame allowance 	Included in Prescription Glasses	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.

Contact us. [800.877.7195](tel:800.877.7195) | vsp.com

1. Brands/Promotion subject to change.
 2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

HWRSD VSP – Vision Service Plan

Please complete enrollment information and return to Payroll for processing.

Employee Name _____

Street Address _____

City, State, Zip _____

Employee SSN _____

Birthdate _____

Check coverage option:

- Individual plan
- Employee plus one
- Family plan

All dependents to be covered must be listed here:

Name	Birthdate (xx/xx/xxxx)	Gender (M/F)

Plan Type	Individual	EE plus one	Family
26 Pays	\$ 3.53	\$ 5.12	\$ 9.18
21 Pays	\$ 4.37	\$ 6.34	\$11.37

By signing below, I agree to monthly deductions for the premium for the VSP Plan. I also understand that this premium is paid one month in advance of the coverage month. (For example, the deductions in January pay for the February coverage month.) If I wish to cancel, I must do so in writing.

Signature

Date

Please note that VSP does not issue enrollment cards, enrollment is verified on line at the Dr. office.

Reminder of Availability of HIPAA Notice of Privacy Practices

VSP® Vision Care maintains a HIPAA Notice of Privacy Practices (Notice) describing how health information about individuals covered under our vision care services insurance plans may be used and disclosed. The HIPAA Privacy Rule requires that every three years we notify individuals currently covered by a VSP plan of the availability of the Notice and how to obtain the Notice.

You may obtain a copy of our Notice by contacting VSP Member Services at **800.877.7195** or by writing to VSP Attn: Regulatory Compliance, 3333 Quality Drive MS-163, Rancho Cordova, CA 95670 or HIPAA@vsp.com. A copy of our Notice is also available on the web at vsp.com, click on Notice of Privacy Practices.

Nondiscrimination Statement: VSP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.877.7195 (TTY: 1.800.428.4833).

繁體中(Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.877.7195 (TTY: 1.800.428.4833)。