VSP Enhanced Advantage Plan℠

Created for Magnolia ISD

The VSP Enhanced Advantage Plan is a basic full-service plan that offers choice, flexibility, and value through a VSP Advantage Network Provider.

Save up to $3,000

With Exclusive Member Extras, members can save more than $3,000 with special offers and deals through VSP and other leading industry brands.

Get up to $250 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands like Bausch + Lomb.

$1,000 savings on LASIK

Members can save up to $1,000 on LASIK at Lasik***Plus***, NVISION Eye Center, TLC Laser Eye Centers and The LASIK Vision Institute.

LEARN MORE. VISIT VSP.COM/OFFERS

Benefits Through a VSP Network Provider

Exam Services

- Comprehensive WellVision Exam® covered in full*
- Routine retinal screening covered after a no more than $39 copay

Lenses

- Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full*

Lens Enhancements

- Lens enhancements are covered in full after a copay, saving our members an average of 20-25%

Lens Enhancement	***Single Vision***	***Multifocal***
Anti-reflective coating	$41	$41
Polycarbonate - Adult	$35	$35
Polycarbonate - Children	Covered	Covered
Standard Progressives	N/A	Covered
UV coating	Covered	Covered
Tinted Lenses	Covered	Covered
Scratch-resistant coating	Covered	Covered

Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost

Frame

- Frames covered in full* up to the retail allowance of **$130**
- Featured frame brands, including bebe, Calvin Klein, Cole Haan, Dragon, Flexon, Longchamp, Nike, and more are covered up to the enhanced featured frame allowance of **$180**
  Featured frame brands subject to change
- 20% off any amount above the retail allowance
- Members can choose from all frames available on the market today

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Additional Pairs of Glasses	• Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor
Elective Contact Lenses	• **Contact lens exam (fitting and evaluation):** Standard and Premium fits are covered in full after copay. Member receives 15% off of contact lens exam services and member's copay will never exceed **$60** • Prescription contact lens materials are covered in full up to the retail allowance of **$130** (in lieu of frame & lenses) • Members can choose from any available prescription contact lens materials
Essential Medical Eye Care	• Supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs • $20 exam copay
Low Vision	• Pre-approved low vision supplemental testing covered every two years • 75% coverage for approved low vision aids, up to $1,000 (less any amount paid for supplemental testing) every two years
VSP Laser VisionCare℠ Program	• Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, Custom LASIK, SMILE, Contoura, or other FDA approved laser vision correction procedures *Discounts are only available from VSP-contracted facilities.*
Out-of-Network Schedule	We offer a generous reimbursement schedule for services from other providers

Exam	$45
Lenses:	
Single vision	$30
Lined bifocal	$50
Lined trifocal	$60
Frame	$50
Medically Necessary contacts	$210
Elective contact lenses (in lieu of lenses and frame)	$100

Monthly Rates: Fully Insured—Risk Rates

Frequency	**12/12/12**
Exam copay **Materials copay**	**$10** **$10**
Employee Only	**$ 8.09**
Employee + Spouse	**$16.44**
Employee + Child(ren)	**$16.93**
Employee + Family	**$23.43**

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Rate Details

The above Voluntary rates are valid on or prior to September 1,2026, are guaranteed for four years and include a Flat 10% commission. Rates include any applicable taxes and health assessment fees known as of the proposal date.

Disclaimers and Exclusions

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location. Benefits may also vary at participating retail chains.

$130 Walmart®/Sam's Club® and Costco® frame allowance.

Promotions like special offers and rebates are continually evaluated and subject to change without notice. Promotions and featured frame brands do not apply at Sam's Club or Walmart Optical.

The following items are not covered under this plan: plano lenses (lenses with refractive correction of less than ± .50 diopter), two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.

The following items are not covered as contact lens benefits: insurance policies or service agreements; Refitting of contact lenses after the initial (90-day) fitting period, artistically painted or non-prescription lenses; additional lens pathology; contact lens modification, polishing or cleaning.

Please read your Schedule of Benefits for details regarding the exclusions and limitations of your coverage. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.