



Make Eye Health a Priority with VSP!

Your health comes first with VSP and Fort Bend ISD. Take a look at your VSP vision care coverage.



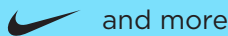
VSP members save an annual average of

\$489*

More Ways to Save

Extra **\$20** to spend on **Featured Frame Brands†**

bebe Calvin Klein COLE HAAN
DRAGON FLEXON LONGCHAMP PARIS



Up to **40%** savings on **lens enhancements‡**

See all brands and offers at vsp.com/offers.

Enroll through your employer today.

Questions?

vsp.com

800.877.7195 (TTY: 711)



Scan QR code or visit vsp.com to learn more.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

With thousands of in-network locations to choose from, including private practice doctors and retail locations nationwide, getting the most out of your benefits is easy.



Getting started is easy!

Let your plan do the most it can. When you create an account on vsp.com, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

†Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible. ‡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. *Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction 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. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

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Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Fort Bend ISD.

Provider Network:

VSP Advantage

Effective Date:

01/01/2026



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM®	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$20 Up to \$39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES (GLASSES OR CONTACTS AND FRAME)¹		\$20	See frame and lenses
FRAME⁺	<ul style="list-style-type: none"> \$220 Featured Frame Brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$200 Walmart/Sam's Club frame allowance \$110 Costco frame allowance 	Included in Prescription Glasses	Every calendar year
LENSES (INSTEAD OF CONTACTS)¹	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS⁺	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Tints/Light-reactive lenses (dependent children up to age 19) Scratch-resistant coating UV protection Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175 \$0 \$0 \$0	Every calendar year
CONTACTS (INSTEAD OF LENSES IN GLASSES)¹	<ul style="list-style-type: none"> \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
KIDSCARE (DEPENDENT CHILDREN ONLY)	<ul style="list-style-type: none"> Two exams that focus on your eye and overall wellness Same frame allowance and lens coverage as primary benefit Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required) Includes Vision Therapy and LightCare. Visit vsp.com for full benefit description. 	\$0 for exam \$0 for prescription lenses or LightCare	Every calendar year
ADDITIONAL SAVINGS	Glasses and Sunglasses	<ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. 	
	Laser Vision Correction	<ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. 	
	Exclusive Member Extras	<ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. Everyday savings on health, wellness, and more with VSP Simple Values. 	
COVERAGE WITH AN OUT-OF-NETWORK DOCTOR			
<p>With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor. Your plan provides the following out-of-network reimbursements:</p>			
Exam.....up to \$45	Lined Bifocal Lenses.....up to \$60	Progressive Lenses.....up to \$90	
Frame.....up to \$70	Lined Trifocal Lenses.....up to \$80	Elective Contacts.....up to \$150	
Single Vision Lenses.....up to \$40	Lenticular Lenses.....up to \$80	Necessary Contacts.....up to \$210	

1. You can use your contact lens allowance and your frame allowance in the same benefit year; however, contact lenses are instead of prescription lenses. If you use both contact lens and frame allowances, your prescription lenses will be an out-of-pocket expense.