Your Vision Benefits Summary

Get the best in eyecare and eyewear with GREENFILED CENTRAL COMMUNITY SCHOOLS and VSP® Vision Care.

Using your VSP benefit is easy.
- Register at vsp.com. Once your plan is effective, review your benefit information.
- Find an eyecare provider who's right for you. The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, 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.

Best EyeCare
You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, 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.

Choice in Eyewear
From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nine West, and more. Visit vsp.com to find a VSP provider who carries these brands.

Plan Information
VSP Coverage Effective Date: 09/01/2015
VSP Provider Network: VSP Signature

Visit vsp.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

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<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
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| Your Coverage with a VSP Provider | • Focuses on your eyes and overall wellness  
• Every 24 months          | $5    |
| Prescription Glasses  | • $120 allowance for a wide selection of frames  
• $140 allowance for featured frame brands  
• 20% savings on the amount over your allowance  
• Every 24 months          | $10   |
| Frame                 | Included in Prescription Glasses                                             |       |
| Lenses                | • Single vision, lined bifocal, and lined trifocal lenses  
• Polycarbonate lenses for dependent children  
• Every 24 months          |       |
| Lens Enhancements     | Included in Prescription Glasses                                             |       |
| Contacts (instead of glasses) | • $120 allowance for contacts and contact lens exam (fitting and evaluation)  
• 15% savings on a contact lens exam (fitting and evaluation)  
• Every 24 months          |       |
| Extra Savings         | Glasses and Sunglasses                                                       |       |
|                       | • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.  
• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.  
• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor |       |
|                       | Retinal Screening                                                            |       |
|                       | • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam |       |
|                       | Laser Vision Correction                                                      |       |
|                       | • 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 | Visit vsp.com for details, if you plan to see a provider other than a VSP network provider |       |
|                       | Exam...........................................up to $50  
Frame...........................................up to $70  
Single Vision Lenses...........................................up to $50  
Lined Bifocal Lenses...........................................up to $75 | $0    |
|                       | Lined Trifocal Lenses..................up to $100  
Progressive Lenses..................up to $75  
Contacts.................................up to $105  
Tints.................................up to $10 |

VSP guarantees coverage from VSP network 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. |