SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM BURBANK UNIFIED SCHOOL DISTRICT AND VSP.

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.
Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.
With an average of five VSP network doctors within six miles of you, it’s easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Like shopping online? Go to eyeconic.com and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.
You’ll get great care from a VSP network doctor, including a WellVision Exam*—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR
EXTRA $20 +
TO SPEND ON FEATURED FRAME BRANDS*

+ UP TO 40% SAVINGS ON LENS ENHANCEMENTS

Contact us: 800.877.7195 or vsp.com
YOUR VISION BENEFITS SUMMARY
BURBANK UNIFIED SCHOOL DISTRICT and VSP provide you with an affordable vision plan.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
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</table>
| **WELLVISION EXAM** | • Focuses on your eyes and overall wellness  
• Employees - $0 Copay for exam and glasses  
• Dependents - $20 Copay for exam and glasses | | Every 12 months |

| **PRESCRIPTION GLASSES** | | |
| **FRAME** | • $220 featured frame brands allowance  
• $200 frame allowance  
• 20% savings on the amount over your allowance  
• $110 Costco® frame allowance | $0 | Every 24 months |
| **LENSES** | • Single vision, lined bifocal, and lined trifocal lenses  
• Impact-resistant lenses for dependent children | $0 | Every 12 months |
| **LENS ENHANCEMENTS** | • Standard progressive lenses  
• Premium progressive lenses  
• Custom progressive lenses  
• Average savings of 40% on other lens enhancements | $0 - $90  
$120 - $160 | Every 12 months |

| **CONTACTS (INSTEAD OF GLASSES)** | • $200 allowance for contacts and contact lens exam (fitting and evaluation)  
• 15% savings on a contact lens exam (fitting and evaluation) | $0 | Every 12 months |

| **DIABETIC EYECARE PLUS PROGRAM** | • Retinal screening for members with diabetes  
• Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. | $20 per exam | As needed |

| **EXTRA SAVINGS** | Glasses and Sunglasses | | |
| | • Extra $20 to spend on featured frame brands. Go to vsp.com/offers 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. | | |

Routine 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  
• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>up to $50</td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>up to $70</td>
<td></td>
</tr>
<tr>
<td>Lined Bifocal Lenses</td>
<td>up to $75</td>
<td></td>
</tr>
<tr>
<td>Lined Trifocal Lenses</td>
<td>up to $100</td>
<td></td>
</tr>
<tr>
<td>Progressive Lenses</td>
<td>up to $75</td>
<td></td>
</tr>
<tr>
<td>Contacts</td>
<td>up to $105</td>
<td></td>
</tr>
</tbody>
</table>

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. 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.

Classification: Restricted

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