



# Protect your child's vision with VSP.

**Tru Health New Mexico High Deductible Health Plan (HDHP) partners with VSP to provide vision coverage for children.**



**Your child is fully covered for an eye exam and glasses or contacts every year.**

Your child's eyes deserve the best care to keep them healthy year after year. Plus, with VSP, you'll get a great value on eye care and eyewear for your child.

**You'll like what you see with VSP.**

Log in to [vsp.com](https://vsp.com) to:

- Find a VSP doctor who's right for your child.
- Review your child's benefit information and plan coverage before an appointment.
- At the appointment, tell them your child has VSP. Make sure to give your provider your health plan medical ID card for proof of coverage.

That's it! We'll handle the rest—there are no claim forms to complete when your child sees a VSP doctor.

## Eye Exams for Children

Eighty percent of what we learn is through our eyes. Many states require that children get a comprehensive eye exam before kindergarten. Schedule an eye exam for your child at the beginning of every school year and start the year off right. Visit [vsp.com](https://vsp.com) to find a VSP doctor who specializes in pediatric eye care.

Visit [vsp.com](https://vsp.com) for more details on your child's vision benefit and the exclusive savings and promotions for VSP members.

Contact us.  
[vsp.com](https://vsp.com) | 855.332.6193

# Your VSP Vision Benefits Summary

Taking care of your child's eyes with VSP includes a covered-in-full benefit outlined below. You'll have access to the highest quality vision care from a VSP doctor you can trust. Visit [vsp.com](http://vsp.com) to find a doctor who's right for your child and one who carries children's frames from our exclusive Otis & Piper™ Eyewear Collection.

**VSP Provider Network:** VSP Choice

## Your coverage with a VSP Choice Doctor

Child coverage – up to 19 years old, prior to meeting deductible, your child is covered for an annual eye exam.

Benefit	Description	VSP Network Doctor Copay (Your Cost)	Out-of-Network*
<b>WellVision Exam®</b>	<ul style="list-style-type: none"> <li>A thorough eye exam that tests for childhood eye health and vision issues, like nearsightedness, amblyopia (lazy eye), and strabismus (cross-eye)</li> </ul>	<p>No Charge</p> <p>Covered once per 12 months</p>	You pay 50% of the provider's billed amount.

### Prescription Glasses

If you purchase glasses or contacts for your child before deductible has been met, you are responsible for the full cost of eyewear. Please send summary of services and receipts for the glasses directly to True Health New Mexico so this amount can be applied to your plan's deductible. Please visit [truehealthnewmexico.com](http://truehealthnewmexico.com) for the VSP Pediatric HDHP submission form or call True Health Customer Service at 1-844-508-4677.

<b>Frames</b>	<ul style="list-style-type: none"> <li>Frames from our exclusive Otis &amp; Piper Eyewear Collection</li> </ul>	<p>No Charge after Deductible*</p> <p>Covered once per 12 months</p>	You pay 50% of the provider's billed amount.
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, or lenticular lenses</li> <li>Polycarbonate, scratch-resistant coating, and UV protection</li> <li>Tints</li> </ul>		
<b>Contacts (Instead of glasses)</b>	<ul style="list-style-type: none"> <li>Contact lens exam and a minimum three-month supply of contact lenses are covered in full. Ask your VSP doctor which contacts qualify for your child's plan.</li> </ul>		

Please refer to your **Summary of Benefits and Coverage** for your plan's deductible amount.

<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam</li> </ul>
	<p><b>Lens Enhancements</b></p> <ul style="list-style-type: none"> <li>Average savings of 20%-25% on lens enhancements</li> </ul>
	<p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>

### \*Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) for details if you plan to see a provider other than a VSP doctor. You pay 50% of the provider's billed amount.

Benefit is effective, visit [vsp.com](http://vsp.com) for details. VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and the applicable contract, the terms of the contract will prevail.

Contact us. [vsp.com](http://vsp.com) | 855.332.6193