2016 VISION SERVICE PLAN
OPEN ENROLLMENT
Get the best in eye care and eyewear with SANTA ROSA JUNIOR COLLEGE and VSP® Vision Care.

At VSP, we invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we’re the only national not-for-profit vision care company, you can trust that we’ll always put your wellness first.

You’ll like what you see with VSP.

- **Value and Savings.** You’ll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You’ll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It’s easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who’s right for you.** 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.

Choice in Eyewear

From classic styles to the latest designer frames, you’ll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more. Visit vsp.com to find a Premier Program location who carries these brands.
SANTA ROSA JUNIOR COLLEGE and VSP provide you with an affordable eye care plan.

**VSP Coverage Effective Date:** 10/01/2016

**VSP Provider Network:** VSP Signature

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Coverage with a VSP Provider</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WellVision Exam</td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$10 for exam and glasses</td>
<td>Every plan year*</td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>• $150 allowance for a wide selection of frames</td>
<td>Combined with exam</td>
<td>Every other plan year</td>
</tr>
<tr>
<td></td>
<td>• $170 allowance for featured frame brands</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• 20% savings on the amount over your allowance</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• $80 Costco® frame allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Combined with exam</td>
<td>Every plan year</td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate lenses for dependent children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Average savings of 35-40% on other lens enhancements</td>
<td></td>
<td></td>
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<tr>
<td>Lens Enhancements</td>
<td></td>
<td>$50</td>
<td>Every plan year</td>
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<tr>
<td></td>
<td>• Standard progressive lenses</td>
<td>$80 - $90</td>
<td></td>
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<tr>
<td></td>
<td>• Premium progressive lenses</td>
<td>$120 - $160</td>
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<tr>
<td></td>
<td>• Custom progressive lenses</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Average savings of 35-40% on other lens enhancements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts (instead of glasses)</td>
<td>• $120 allowance for contacts and contact lens exam (fitting and evaluation)</td>
<td>$0</td>
<td>Every plan year</td>
</tr>
<tr>
<td></td>
<td>• 15% savings on a contact lens exam (fitting and evaluation)</td>
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<td></td>
</tr>
<tr>
<td>Diabetic Eyecare Plus Program</td>
<td>• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</td>
<td>$20</td>
<td>As needed</td>
</tr>
<tr>
<td>Glasses and Sunglasses</td>
<td>• Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• 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.</td>
<td></td>
<td></td>
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<tr>
<td>Extra Savings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retinal Screening</td>
<td>• No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam</td>
<td>$39</td>
<td></td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</td>
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<tr>
<td></td>
<td>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</td>
<td>$15 - $25</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Copay</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>up to $50</td>
<td></td>
</tr>
<tr>
<td>Lined Bifocal Lenses</td>
<td>up to $75</td>
<td></td>
</tr>
<tr>
<td>Progressive 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>Contacts</td>
<td>up to $105</td>
<td></td>
</tr>
</tbody>
</table>

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.

*Plan year begins in October

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It's easy to register for an account on vsp.com.

Just follow these steps:

1. Visit vsp.com
2. Click on REGISTER at the top of the page
3. Enter the member's SSN or Member ID Number
4. Enter the member's first and last name
5. Enter the member's date of birth
6. Click CONTINUE
7. Follow the steps to create a user name and password

Once you register, you can review your benefit information, access personalized eligibility and plan coverage details, and print a Member Vision Card.
SET YOUR SIGHTS ON SAVINGS.

With Exclusive Member Extras, savings never looked so good. We put our members first by providing exclusive special offers from leading industry brands, totaling more than $2,500 in savings.

- Extra $20 to spend on featured frame brands¹³
- Instant savings and satisfaction guarantees on popular lenses²³
- Savings on LASIK at NVision and TLC eye centers
- Mail-in rebate savings and free trials on popular contact lens brands
- Savings on digital hearing aids and replacement batteries for you and your extended family through TruHearing⁴
- Savings on EyePromise vitamins for improved visual performance, night driving, and dry eye
- Financing for vision care expenses with the CareCredit credit card
- Discounts and savings for you and your family on medical care, prescription drugs, lab work, and more with VSP® Simple Values⁵

Visit vsp.com to find Premier Program locations that offer a wide selection of featured frame brands, Bonus Offers, and so much more.

1. Brands/promotions subject to change. 2. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. 3. Available only to VSP members with applicable plan benefits. 4. Offer not available in WA. 5. Some members may not be eligible for this program; visit vsp.com/simplevalues for terms and conditions.

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Here's how it works:

1. Members call TruHearing.
   Members and their family call 877.396.7194 and mention VSP.

2. Schedule exam.
   TruHearing will answer questions and schedule a hearing exam with a local provider.

3. Attend appointment.
   The provider will make a recommendation, order the hearing aids through TruHearing and fit them for the member.

Learn more about this VSP Exclusive Member Extra at vsp.truhearing.com. Or, call 877.396.7194 with questions.
VISION SERVICE PLAN
CLASSIFIED EMPLOYEES

NAME:  

SSN:  xxx-xx-_____________________

As part of an agreement reached between the District and SEIU, the District will pay the Vision Service Plan premium for employee-only coverage. SEIU employees will be allowed to enroll and/or continue their dependent’s vision coverage based on the District’s current rates at the employee’s expense.

Please indicate your choice below:

- I elect to cover my dependents on the District vision plan at my own expense. I understand that a deduction of $14.60 will be deducted from my paycheck each month.

- I elect to waive vision coverage for my dependents. I understand that the District will continue the employee-only coverage on my behalf.

- I do not have any dependents to enroll at this time. I understand that the District will pay the employee-only coverage on my behalf.
VISION SERVICE PLAN
FACULTY EMPLOYEES

NAME: ______________________________________________________

SSN: xxx-xx-_____________________

As part of an agreement reached between the District and the All Faculty Association employee group, the District will pay the Vision Service Plan premium for employee-only coverage. Faculty members will be allowed to enroll and/or continue their dependent’s vision coverage based on the District’s current rates at the employee’s expense.

Please indicate your choice below:

- I elect to cover my dependents on the District vision plan at my own expense. I understand that a deduction of $17.52 will be deducted from my paycheck each month.
- I elect to waive vision coverage for my dependents. I understand that the District will continue the employee-only coverage on my behalf.
- I do not have any dependents to enroll at this time. I understand that the District will pay the employee-only coverage on my behalf.
NAME: ______________________________________________________

SSN: xxx-xx-_______________________

As part of an agreement reached between the District and the management team employee group, the District will pay the Vision Service Plan premium for employee-only coverage. Management team employees will be allowed to enroll and/or continue their dependent's vision coverage based on the District's current rates at the employee's expense.

Please indicate your choice below:

- I elect to cover my dependents on the District vision plan at my own expense. I understand that a deduction of $14.60 will be deducted from my paycheck each month.

- I elect to waive vision coverage for my dependents. I understand that the District will continue the employee-only coverage on my behalf.

- I do not have any dependents to enroll at this time. I understand that the District will pay the employee-only coverage on my behalf.