VISION SERVICE PLAN

The District pays the Vision Service Plan (VSP) premium for employee–only coverage. Eligible employees are able to enroll their family members based on the current rate at employee's expense.

Your Vision Benefits Summary

Get the best in eye care and eyewear with SANTA ROSA JUNIOR COLLEGE and VSP® Vision Care.

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.** The decision is yours to make—choose a VSP doctor, a participating retail chain, 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 Eye Care

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 bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more[1]. Visit **vsp.com** to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at **Eyeconic.com**, VSP's online eyewear store.

Plan Information

VSP Coverage Effective Date: 10/01/2017
VSP Provider Network: VSP Signature

SANTA ROSA JUNIOR COLLEGE and VSP provide you with an affordable eyecare plan.

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

[1]Brands/Promotion subject to change.

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	• Focuses on your eyes and overall wellness • Every plan year*	$10 for exam and glasses
Prescription Glasses		
Frame	• $150 allowance for a wide selection of frames • $170 allowance for featured frame brands • 20% savings on the amount over your allowance • $80 Costco® frame allowance • Every other plan year	Combined with exam
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every plan year	Combined with exam
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements • Every plan year	$50 $80 - $90 $120 - $160
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 plan year	$0
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.	
	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		

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
Lined Trifocal Lenses ..... up to $100
Progressive Lenses ..... up to $75
Contacts ..... up to $105

*Plan year begins in October

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.

Vision enrollment/change forms are listed on the following pages.

SANTA ROSA JUNIOR COLLEGE

VISION SERVICE PLAN

CLASSIFIED & MANAGEMENT EMPLOYEES

NAME: _____

SSN: **xxx-xx-**_____

As part of an agreement reached between the District and classified/management staff, the District will pay the Vision Service Plan premium for employee-only coverage. 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:

- o 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.

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

- o 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.

SANTA ROSA JUNIOR COLLEGE

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:

- o 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.

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

- o 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.