

Your Vision Benefits Summary



Get the best in eyecare and eyewear with CONTRA COSTA COMMUNITY COLLEGE DISTRICT (RETIREES) 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.

Diabetic EyeCare

Annual eye exams can help prevent diabetes-related blindness. If you have type 1 or type 2 diabetes, you can get both your routine and diabetic eyecare from your VSP doctor—the one who knows your eyes best. Ask your VSP doctor for details.

Progressive Lenses

Do you need bifocal or trifocal lenses, but don't want a line on your glasses? With progressive lenses you'll get a smooth transition to help you see clearly at varying distances. Talk to your VSP provider about VSP Reveal™ progressive lenses. Visit vsp.com for details on your coverage and more information on progressive lenses.

Plan Information

VSP Coverage Effective Date: 01/01/2016
VSP Provider Network: VSP Signature

CONTRA COSTA COMMUNITY COLLEGE DISTRICT (RETIREES) 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.

¹Brands/Promotion subject to change.

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Benefit	Description	Copay	
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$10 for exam and glasses	
Prescription Glasses			
Frame	<ul style="list-style-type: none"> • \$120 allowance for a wide selection of frames • \$140 allowance for featured frame brands • 20% savings on the amount over your allowance • Every 12 months 	Combined with exam	
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Every 12 months 	Combined with exam	
Lens Enhancements	<ul style="list-style-type: none"> • Progressive lenses • Tints/Photochromic adaptive lenses • UV protection • Average savings of 35-40% on other lens enhancements • Every 12 months 	\$0 \$0 \$0	
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$120 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) • Every 12 months 	\$0	
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> • 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. • As needed 	\$20	
Glasses and Sunglasses			
<ul style="list-style-type: none"> • 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. 			
Extra Savings			
Retinal Screening			
<ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 			
Laser Vision Correction			
<ul style="list-style-type: none"> • 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	Lined Trifocal Lenses	up to \$100
Frame	up to \$70	Progressive Lenses	up to \$75
Single Vision Lenses	up to \$50	Contacts	up to \$105
Lined Bifocal Lenses	up to \$75	Tints	up to \$5
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.			