



Get to know Your VSP Vision Benefits

Contra Costa Community College District



Great Eye Care with a Hefty Side of Savings

Vision Care is Essential



Savings that Really Stack Up





Thousands of In-Network Choices



Founded by Doctors
Focused on You

Vision Care is Essential

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Signs of more than 270 health conditions can be detected during an eye exam* Your eye doctor can be the first to detect certain conditions, like diabetes* heart disease + **stroke** + cardiovascular + Alzheimer's + hypertension + aneurysm + diabetes + brain tumor + high blood pressure + cancers of blood, tissue, skin + high cholesterol + lyme disease + multiple sclerosis + disease + - ase + brain tumor + melanoma + squamous cell + **Lymphoma** + leukemia + rheumatoid arthritis + giant cell arteritis + medication toxicities + myasthenia gravis + sarcoidosis + sjögren's syndrome + vitamin a deficiency

Your VSP Plan Snapshot: July 1, 2025

Frequency

Exam: Every **12** months Frame: Every **12** months Lenses: Every **12** months

Copays

\$10 Glasses \$10 Computer Glasses (Employee Only Plan)

Allowances

\$200 frame \$200 contacts (instead of glasses)

VSP® members save an average annual savings of \$471*

Your VSP Plan Snapshot: Lens Enhancements - Base Plan

Lenses

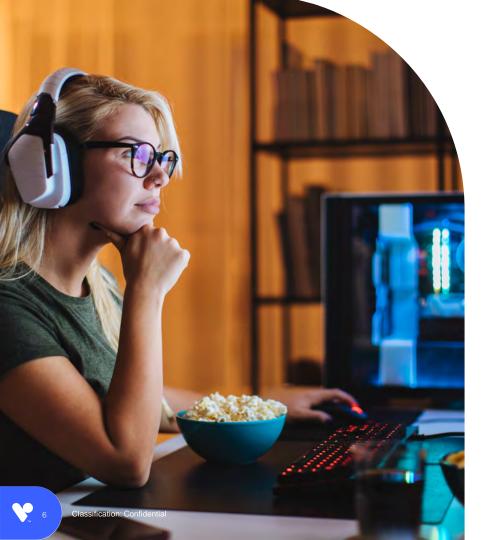
Fully covered single vision, lined bifocal, lined trifocal lenses, and impact resistant lenses for children

Lens Enhancements

Fully covered progressive lenses, solid tints and dyes, light-reactive lenses, and polycarbonate for children.

Average savings of **40%** on other lens enhancements

VSP® members save an average annual savings of \$471*



VSP Computer VisionCare[™] Plan

VSP looks out for your eyes like they're the only pair you have. For employees, let us help you see better at work.

Here's What's Covered...

Yearly computer vision exam

Frame Allowance:

\$80 allowance on a wide selection of frames, plus **20%** savings on amount over allowance (Covered every 24 months)

Lenses:

\$10 copay on single vision, lined bifocal, lined trifocal, and occupational lenses (Covered every 12 months)

Savings Beyond Benefits

50%

Save 50% on additional pairs of glasses and sunglasses at Visionworks®

\$250

Average savings at Eyeconic[®], plus free shipping and returns

Plus, VSP members get access to Exclusive Member Extras

\$20 Extra \$20 on Featured Frame Brands

60% Save up to 60% on hearing aids with TruHearing®*

\$1,200▶ Save up to \$1,200 on Lasik

\$300 Get up to \$300 in contact lens rebates

Offers vary based on state and benefit plan. Brands and offers subject to change.

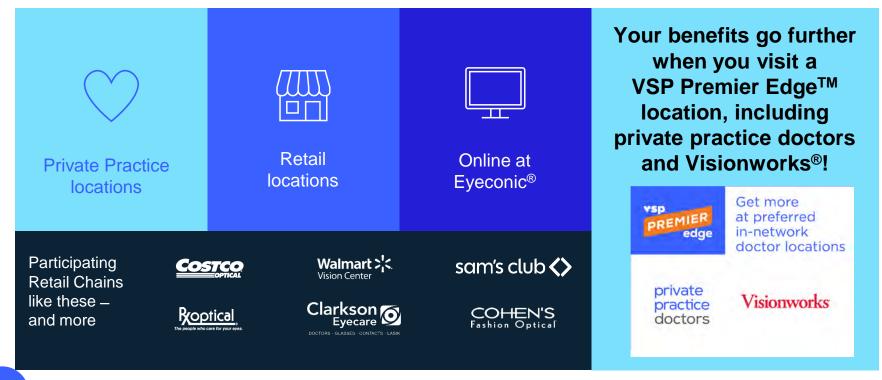


*VSP is providing information to its members but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.



The Choice is Yours

It's easy to choose the care that's right for you.





Premier Edge Promise

Members can enjoy a worry-free eyewear guarantee with triple protection—the most comprehensive in the industry.¹



Replacement within 12 months if their Featured Frame Brand selection is accidentally broken or damaged at no cost²



New exam and replacement lenses if their prescription changes within 12 months³



Replacement within 100 days of purchase if they don't love their Featured Frame Brand selection⁴



^{2. \$40} processing fee applies to replacement lenses if needed





^{3. \$40} processing fee applies to replace lenses (minimum Rx change required)

^{4. \$40} processing fee applies

The Right Doctor for You

Using the Find a Doctor tool on **vsp.com** is easy

Visit **vsp.com/eye-doctor** (or navigate from **vsp.com** home page)

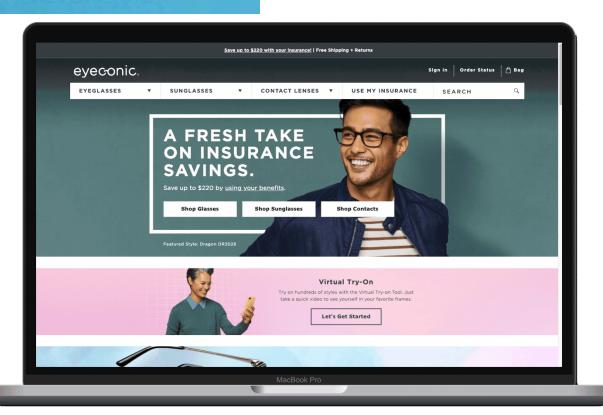
Enter the preferences that are meaningful to you like:

- Location
- Gender
- Language
- Frame brands
- Specialty
- Services
- Hours & Scheduling



A sliding distance bar makes finding a match nearby easy. You can even opt to view locations on a map.

USE YOUR VISION BENEFITS TO BUY GLASSES, SUNGLASSES AND CONTACTS ONLINE.









FIND A DOCTOR



FREE RETURNS OR EXCHANGES



USE FSA OR HSA FUNDS



SINGLE VISION POLYCARBONATE LENSES ALWAYS INCLUDED

CONFIDENTIAL AND PROPRIETARY

Virtual Try-On Tool

TRY ON GLASSES ONLINE

See yourself in hundreds of styles using our Virtual Try-On tool.

- 1 Find your favorite glasses and sunglasses below.
- 2 Click "Virtual Try-On" to use your camera or upload a photo.
- 3 Like what you see? Add them to your bag and check out.









Transparent Shopping Experience



















Private Label Contacts

- In March, 35.3% of customers placed orders for *Private Label Contacts* after receiving an offer for *Private Label Contacts*.
- In May, MyDay will have a private label equivalent available.

AVAIRA	Private Label (Ethos) Equivalent					
Avaira Vitality 6 Pack	Ethos Aquatech 2 Week					
Avaira Vitality Toric 6 Pack	Ethos Aquatech 2 Week for Astigmatism					
BIOFINITY	Private Label (Ethos) Equivalent					
Biofinity 6 Pack	Ethos Aquatech Monthly 6 Pack					
Biofinity Toric 6 Pack	Ethos Aquatech Monthly Ast 6 Pack					
B						
CLARITI	Private Label (Ethos) Equivalent					
Clariti 1 Day 90 Pack	Ethos 1Day					
Clariti 1 Day Multifocal 90 Pack	Ethos AquaTech 1 Day Multifocal					
Clariti 1 Day Toric 90 Pack	Ethos 1Day for Astigmatism					

EYECONIC' VS. THE COMPETITION	EYECONIC	WARBY PARKER	ZENNI OPTICAL	1-800 CONTACTS	EYEBUY DIRECT	GLASSESUSA	COSTCO,COM	EZ CONTACTS	хр неалтн
HIGH QUALITY POLYCARBONATE LENSES INCLUDED		(1)							
OFFERS CONTACTS, GLASSES, AND SUNGLASSES		100		11		345	2.4.2	2.67	. 11
HSA/FSA ACCEPTED		9.	9.	0.0	+-			04-1	
VIRTUAL TRY-ON		10	F.		100	-+-			
VSP- INSURANCE INTEGRATION					1 1			1 - 0	
SINGLE VISION AND PROGRESSIVE		TECT	9.		+0			041	. 0.
FREE CASE AND LENS CLOTH								-9	
FREE SHIPPING AND RETURNS		1.0		7.7		-			
FREE FITTINGS AND ADJUSTMENTS		10.0					1.40		
EXTRA 20% OFF EYEWEAR FOR VSP MEMBERS									
ANNUAL SUPPLY DISCOUNT ON CONTACT LENSES				79.7				11-4	
NOT-FOR-PROFIT ORGANIZATION									
RX VALIDATION AND 29 PT INSPECTION	8				7.71				

Using Your Benefit is Easy

Once you've enrolled...

- 1. Create an account at **vsp.com** and review your personalized benefit information.
- Find a VSP in-network doctor by visiting vsp.com or calling 800.877.7195.
- Simply tell your eye doctor's office that you have VSP-and we'll take care of the rest!



OUT-OF-NETWORK

REIMBURSEMENT SCHEDULE

Exam - Up to \$50

Single Vision Lenses – Up to \$50

Lined Bifocal Lenses – Up to \$75

Lined Trifocal Lenses – Up to \$100

Progressive Lenses – Up to \$75

Frame – Up to \$70

Elective Contact Lenses – Up to \$105 (contacts are instead of glasses)

Get the most out of your benefits and greater savings with a VSP network doctor

OON Claims Submission

Log in to your account at: vsp.com/claims/submit-oon-claim

Submit an Out-of-Network Claim

If you've received eye care services (exam, contacts, or glasses) from an out-of-network provider, you may be able to submit a claim to request partial reimbursement.

Your benefits will always go further when you select an in-network doctor. However, if you'd like to submit an out-of-network claim, be sure to answer all the questions and attach any itemized receipts related to your claim.

The claim form takes just a few minutes to complete. To submit a claim request, you'll need the following:

- 1. Please attach a readable copy of itemized receipts, invoices, or statements that contain all of the following information:
 - Name of provider (ex. doctor, office, website, or retailer)
 - · Name of patient
 - Date service was received (ex. date of exam or date glasses were ordered)
 - · Complete description and amount paid for each service
- 2. After completing the claim form, you may upload your receipt(s) OR print and mail copies of your claim form and receipt(s) to:

Vision Service Plan Attention: Claims Services P.O. Box 495918 Cincinnati. OH 45249-5918

Tip: If you are submitting for materials (contacts, lens, or frame) only, you will not need to input your doctors information. You will need the information of the location from which your materials were purchased. Missing information and receipts and alway your reimbursement. Fill out the form completely and if you're filling it out online, snap a legible picture of your receipt and attach it to your claim to get your reimbursement faster. If you have receipts for other services you must complete a separate claim form.

Don't like filling out forms? Neither do we! That's why we make it easy to get the most out of your benefits simply by seeing an in-network doctor. Plus, when you use your vision benefits in-network, you can save up to \$470.* There are no claim forms to fill out when you see a VSP network doctor. Before your next visit, find a VSP network doctor near you to help keep your eyes healthy and your wallet happoy.

You typically have 12 months from the date of service to submit for reimbursement. Fallure to submit your out-of-network claim within 12 months of the date of service may cause your claim request to be denied. Please allow up to 20 business days (plus mailing time to and from VSP) for us to process your reimbursement.

Questions? View Claims & Reimbursement FAQs.

Start New Claim



