

LOS RIOS COMMUNITY COLLEGE DISTRICT



VOLUNTARY VISION PLAN

Eligible Los Rios employees may enroll in a voluntary vision plan underwritten by Vision Service Plan (VSP). This voluntary plan is optional and entirely at the employee's expense. If you enroll in the VSP plan, you are making a two-year commitment. You cannot cancel your coverage until two years have elapsed from your initial date of coverage.

New hires may enroll in the vision plan within 31 days of their date of hire. Coverage would begin on the first day of the month following their hire date.

Employees may also enroll during open enrollment. The annual open enrollment for the vision plan will be held from September 1 through September 30 each year. Related applications and forms must be completed and received by the Employee Benefits Department no later than September 30. If you enroll during open enrollment, your vision plan will become effective on January 1.

You may also enroll your eligible dependents, domestic partner or your domestic partner's eligible children. Dependents may be covered up to their 24th birthday and there is no restriction with regard to student status.

Due to the nature of the coverage, participants who enroll in the vision plan and subsequently dis-enroll, will not be permitted to re-enroll for a minimum of 24 months from the date their vision coverage terminates. The same rule would be applicable to dependents, domestic partners and children of domestic partners. Although discounts are provided through VSP, laser vision correction is not a covered benefit but qualifies as an eligible medical expense under the Medical Expense Flexible Spending Account (FSA).

Unlike the composite family rate for the medical/dental plans, the vision plan is a per-person (tiered rate) program. Premiums for yourself and your dependents will be deducted on a pre-tax basis. Therefore, the premiums would not be eligible for inclusion in the Medical Expense FSA plan. Premiums for domestic partners and children of domestic partners are not eligible for pre-tax treatment. Co-payments and additional vision expenses not covered by Vision Service Plan may be reimbursed through the Medical Expense FSA.

The following table outlines the benefits and costs under this plan. VSP does provide discounts for expenses not covered (e.g. – cost of frames in excess of \$120 would be provided at the VSP discount rate).

| Your Coverage | | |
|--|-----------------|---------------|
| Exam (covered in full after co-pay) | Every 12 months | |
| Prescription Lenses (single vision, lined bifocal and lined trifocal lenses covered in full after co-pay) | Every 12 months | |
| Frames (covered up to \$120 after co-pay) | Every 24 months | |
| Contact Lenses (covered up to \$100, allowance applies to exam and lenses) | Every 12 months | |
| Your Co-Pays | | |
| Exam | \$10 co-pay | |
| Prescription Glasses | \$20 co-pay | |
| OR | | |
| Contact Lenses | \$0 co-pay | |
| Your Monthly Deduction | | |
| | 12thly | 10thly |
| Employee Only | \$ 9.24 | \$11.08 |
| Employee + 1 | \$13.50 | \$16.20 |
| Employee + 2 | \$24.21 | \$29.05 |

Sample Claim for purchasing bifocals, based on the following:

- Employee Only
- Coverage for an exam and lenses every 12 months, frame every 24 months
- Based on \$8.97 per month co-pay

| Services | Retail Cost | Employee Cost | Savings |
|--|--------------------|----------------------|-----------------|
| Comprehensive Eye Exam | \$87.65 | Covered | |
| Lined Bifocal Lenses | 104.40 | Covered | |
| Non-Covered Options* (discounted by VSP) | | | |
| Progressives | 111.00 | \$85.00 | |
| Anti-Reflective Coating | 51.00 | 42.00 | |
| Frame (based on \$120 retail) | 100.00 | Covered | |
| Copayments | 0 | 30.00 | |
| Premium | \$0 | \$107.64 | |
| Total Cost, year 1 | \$454.05 | \$264.64 | \$189.41 |
| Comprehensive Eye Exam | \$87.65 | Covered | |
| Lined Bifocal Lenses | \$104.40 | Covered | |
| Non- Covered Options* (discounted by VSP) | | | |
| Progressives | \$111.00 | \$85.00 | |
| Anti-Reflective Coating | \$ 51.00 | \$42.00 | |
| Frames (not covered in year two). | \$0 | \$0 | |
| Copayments | \$0 | 30.00 | |
| Premium | \$0 | 107.64 | |
| Total Cost, year 2 | \$354.05 | \$264.64 | \$89.41 |
| Total Savings for 2 years | | | \$278.82 |

Check [Frequently Asked Questions](#), visit the Vision Service Plan (VSP) web site at <http://www.vsp.com> or contact the Employee Benefits Department if you have any questions.

[VSP Enrollment\Change Form](#)

[VSP Out-Of-Network Reimbursement Form](#)