

CCPOA RETIRED VISION PLAN



vsp.



Effective January, 2016



As a CCPOA Retired Chapter member, you can enroll in a simple to use, cost effective vision wellness program administered by the CCPOA Benefit Trust Fund and Vision Service Plan (VSP).

The CCPOA Benefit Trust Fund vision program for retirees offers you several options and price ranges. You can pick our low-cost Exam+ plan starting at only \$1.98 per month. Or, if you and your Dependents have a need for more vision coverage, you can enroll in our Standard Plan and enjoy rich vision coverage and a great frame allowance.

Under the CCPOA Benefit Trust Fund Vision Program, once you enroll, your vision coverage continues - there is no set expiration date. And with a rich frame allowance and contact lens allowance, the Trust program provides you with the most coverage for your dollar.

And, if you join the CCPOA Piggyback program for retirees, you can boost your vision coverage by having Piggyback reimburse you for covered out-of-pocket expenses.

In the event of a conflict between this information and CCPOA's contract with VSP, the terms of the contract will prevail.

STANDARD PLAN

Your Coverage From a VSP Doctor

Exam covered in full..... every 12 months

Prescription Glasses:

Lenses covered in full every 12 months

- Single vision, lined bifocal and lined trifocal lenses
- Polycarbonate lenses

Frame every 24 months

Frame of your choice covered up to \$ 175

Plus, 20% savings on the amount over your allowance

OR

Contact Lens Allowance every 12 months

When you choose contacts instead of glasses, your \$120 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation).

This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame 24 months from the date the contact lenses were obtained.

Extra Discounts and Savings

Laser Vision Correction Discounts

Prescription Glasses:

- Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives
- 20% off additional prescription glasses and sunglasses*

Contacts:*

- 15% off cost of contact lens exam (fitting and evaluation)

**Discounts are available from any VSP doctor within 12 months of the last eye exam.*

Your Copays

| | |
|----------------------|------------------|
| Exam | \$10 |
| Prescription Glasses | \$25 |
| Progressive Lenses | \$50 |
| Contacts | No copay applies |

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement.

If you decide to see a provider not in the VSP network, call VSP first at 800-877-7195.

Out-of-Network Reimbursement Amounts:

| | |
|----------------|-------------|
| Exams: | Up to \$40 |
| Lenses: | |
| Single Vision | Up to \$40 |
| Lined Bifocal | Up to \$60 |
| Lined Trifocal | Up to \$80 |
| Frame | Up to \$45 |
| Contacts | Up to \$105 |

VSP guarantees service from VSP network doctors only.

What Does It Cost?

STANDARD PLAN

| | |
|---------------------------------|---------|
| Member only | \$9.20 |
| Member + 1 Dependent | \$13.19 |
| Member + Family Dependent | \$23.54 |

EXAM+ PLAN

| | |
|---------------------------------|--------|
| Member only | \$1.98 |
| Member + 1 Dependent | \$2.72 |
| Member + Family Dependent | \$4.65 |

EXAM+ PLAN

Your Coverage From a VSP Doctor

Exam covered in full every 12 months

Prescription Glasses Discounts

Lenses:

20% discount when a complete pair of glasses is purchased

Frames:

20% discount when a complete pair of glasses is purchased

Contacts:

15% discount off the contact lens fitting and evaluation exam. This exam is in addition to your vision exam to ensure proper fit of contacts.

Extra Discounts and Savings

Laser Vision Correction Discounts

Prescription Glasses:

Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings

20% off additional prescription glasses*

Contacts:*

15% off cost of contact lens exam (fitting and evaluation)

*Available from any VSP doctor within 12 months of the last eye exam.

Your Copays

Exam\$0

Out-of-Network Reimbursement Amounts:

ExamsUp to \$40

VSP guarantees service from VSP network doctors only.

We've Got You Covered.

1-800-In-Unit-6

1-800-468-6486



CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-4235

www.ccpoabtf.org

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If you decide to see a provider not in the VSP network, call VSP first at **800-877-7195**.

Application CCPOA Vision Program

Retired

CCPOA Benefit Trust Fund 1-800-468-6486

| | | | | | |
|--|-------|---|------|---|---------------------|
| Full Name (print): | | SSN (Last 4): | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Birthdate: | | Date Of Birth | | | |
| Address: | | List below names and birth dates of spouse and all dependent children under 26 years of age. (Birth dates are required) | | | |
| City: | First | Middle | Last | Date Of Birth | Family Relationship |
| State: | ZIP: | Phone: | | | |
| <input checked="" type="checkbox"/> Plan Selection at current monthly rate (Check One) STANDARD PLAN <u>OR</u> EXAM-PLUS PLAN <input type="checkbox"/> Member Only \$9.20 <input type="checkbox"/> Member Only \$1.98 <input type="checkbox"/> Member + 1 Dependent \$13.19 <input type="checkbox"/> Member Plus One Dependent \$2.72 <input type="checkbox"/> Member + Family \$23.54 <input type="checkbox"/> Member Plus Family \$4.65 | | I hereby authorize the CalPERS to deduct from my salaries and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the California Correctional Peace Officers Association (CCPOA). This authorization will remain in effect until cancelled by me or by CCPOA. I certify that I am a member of CCPOA and understand that termination of CCPOA membership will cancel all deductions made under this authorization. | | | |
| Signature of Applicant: | | Date of Application: | | | |

RETIRED

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Now at Costco

**Costco is now a VSP
Open Access provider.**

“Out of Network” allowances can now be used towards exams, glasses or contacts lenses while taking advantage of Costco’s everyday low pricing.

Costco will bill VSP directly using the out of network benefit.



Using your VSP benefit is easy.

Create an account at vsp.com.

Once your plan is effective, review your benefit information.

Find an eye doctor who’s right for you.
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.

1 Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.

2 Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP’s preferred online eyewear store.