Your eyecare benefit is brought to you by Santa Rosa Junior College and VSP.

Starting next year, you will be able to use your eyecare benefit.

85% of all you experience is through your eyes

New patients always welcome.

VSP network doctors are located right where you need them — close to work, home and shopping centers. They provide exceptional care and offer a wide selection of frames and contact lenses to choose from — all at one convenient location. Their commitment to care and service grows with you and your family for a lifetime of care.

No ID cards. No claim forms. Easy as 1, 2, 3.
1. Find a VSP network doctor at vsp.com or call 800-877-7195.
2. Make an appointment and tell the doctor you are a VSP member.
3. Your doctor and VSP will handle the rest.

Visit vsp.com today.

What’s important to you? Do you need an evening appointment? Interested in a doctor who focuses on sports eyewear or children? Want an online savings statement after you visit a VSP doctor? Searching for information on conditions of the eye? Visit vsp.com. You’ll like what you see.

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)
* Available from the same VSP doctor who provided your eye exam within the last 12 months

Your Coverage from a VSP Doctor
Exam covered in full .................... every calendar year
Prescription Glasses
Lenses covered in full .................... every calendar year
• Single vision, lined bifocal and lined trifocal lenses.
• Polycarbonate lenses for dependent children
Frame ................................ every other calendar year
• Frame of your choice covered up to $120.
• Plus, 20% off any out-of-pocket costs.

~OR~
Contact Lens Care .................... every calendar year
When you choose contacts instead of glasses, your $105 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 two calendar years from the date the contact lenses were obtained.

Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or vsp.com.

Your Copays
Exam & Prescription Glasses ........................................... $10
Contacts ................................................................. No copay applies

Out-of-Network Reimbursement Amounts:
Exam ................................ Up to $45
Lenses:
Single Vision ................................. Up to $45
Lined Bifocal ................................ Up to $85
Lined Trifocal ................................ Up to $85
Frame ........................................... Up to $47
Contacts ........................................... Up to $105

VSP guarantees service from VSP network doctors only.
In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.

2014 National Vision Plan Member Satisfaction Study. Study based on 706 respondents who are members of large national vision care plans. Study conducted for VSP by J.D. Power and Associates.