

SACRS and VSP® offer you great vision care coverage.



See how much you can save with VSP.

	Without VSP*	With VSP
Exam	\$114	\$20
Frame	\$130	\$20
Lenses (lined bifocal)	\$106	
Retiree Only Annual Premium	N/A	\$126
<b>Total</b>	<b>\$350</b>	<b>\$166</b>

\*This comparison is based on national averages for eye exams and most commonly purchased brands.

You'll save  
**\$184**  
on average.

Sign up and get the personalized eyecare you deserve.

**Coverage is effective the first of the month after your enrollment is received.**

Choose the coverage that's best for you.

	Monthly	Annually
• Retiree Only .....	\$10.51 .....	\$126.12
• Retiree + One Adult .....	\$20.53 .....	\$246.36
• Retiree + Family .....	\$24.05 .....	\$288.60

Without eyecare coverage, just one office visit for one person can cost \$300 or more.

With VSP coverage, you'll save.





## Where will your eyes take you today?

Why enroll in a VSP Vision Care plan? Because we'll help keep you and your eyes healthy with personalized care from a doctor you can trust.

### You'll like what you see with VSP:

- **Personalized Care.** Our doctors take the time to get to know you and your eyes. They'll look for vision problems and signs of other health conditions too.
- **Doctor Network.** You'll find the VSP doctor who's right for you at [vsp.com/choice](http://vsp.com/choice) or by calling us at **800.400.4569**. Our doctors offer flexible hours, a variety of office settings, and eyewear choices you'll love.
- **Value and Savings.** You'll get great savings on your eye exam and eyewear, and discounts on laser vision correction.
- **Satisfaction Guaranteed.** You'll be 100% happy or we'll make it right.

Satisfaction?  
You bet. You'll  
be 100% happy  
or we'll make  
it right.

Enroll today. You'll be glad you did.

Benefit Questions:

[vsp.com/go/sacrs](http://vsp.com/go/sacrs)  
**800.400.4569**

SACRS and VSP provide you with an affordable eyecare plan. Sign up for VSP today.

#### Important Dates

#### Your Coverage from a VSP Doctor

**WellVision Exam®** focuses on your eye health and overall wellness.

- \$20.00 copay ..... **every calendar year**

#### Prescription Glasses

- \$20.00 copay

Lenses ..... **every calendar year**

- *Single vision, lined bifocal, and lined trifocal lenses and scratch resistant coating*
- *Polycarbonate lenses for dependent children*

Frame ..... **every calendar year**

- \$130.00 allowance for frame of your choice.
- 20% off the amount over your allowance.

~OR~

#### Contact Lens Care

- **No copay** ..... **every calendar year**

\$130.00 allowance for contacts and the contact lens exam (fitting and evaluation). This additional exam ensures proper fit of your contacts.

*Current soft contact lens wearers may qualify for a special program that includes a contact lens evaluation and initial supply of replacement lenses.*

#### Extra Discounts and Savings

#### Glasses and Sunglasses

- Average 20-25% savings on all noncovered lens options
- 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam

#### Contacts

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

#### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

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

#### Your Contribution

<b>Retiree Only</b> .....	<b>\$10.51</b>
<b>Retiree + One Dependent</b> .....	<b>\$20.53</b>
<b>Retiree + Family</b> .....	<b>\$24.05</b>

You get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less copays. Before seeing a non-VSP provider, call us at 800.400.4569.

#### Out-of-Network Reimbursement Amounts:

Exam .....	Up to \$40.00
Single vision lenses .....	Up to \$33.00
Lined bifocal lenses .....	Up to \$50.00
Lined trifocal lenses .....	Up to \$66.00
Frame .....	Up to \$45.00
Contacts .....	Up to \$105.00

*VSP guarantees service from VSP 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.*



**Dear MCERA retiree or beneficiary,**

I'm delighted to offer you comprehensive vision coverage through VSP Vision Care. With VSP, you'll have access to a fantastic benefits package, which includes great savings on prescription glasses and contacts, as well as personalized care focused on your eye health and overall wellness. I think you'll also be pleased with the enhanced customer service and Web site specifically dedicated to you as a MCERA retiree.

Your vision benefit will begin the first of the month after your enrollment is received. Once enrolled, you may not make any changes until 12 months of continuous coverage are completed.

If you have any questions, visit [vsp.com/go/sacrs](http://vsp.com/go/sacrs) or call VSP at **800.400.4569**.

Sincerely,

Pamela Busby  
Client Services Manager  
VSP Vision Care



**Enrollee Information**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Social Security \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

	<b>Monthly</b>	<b>Annually</b>
<input type="checkbox"/> Retiree Only .....	\$10.51 .....	\$126.12 .....
<input type="checkbox"/> Retiree + One Adult .....	\$20.53 .....	\$246.36 .....
<input type="checkbox"/> Retiree + Family .....	\$24.05 .....	\$288.60 .....

Sign up for VSP.

**Coverage effective:**

First of the month after your enrollment is received.

**Questions?**

Call VSP at **800.400.4569** or visit [vsp.com/go/sacrs](http://vsp.com/go/sacrs).

Enrolling in VSP is easy.

**Return this enrollment form to VSP at:**

**VSP Vision Care  
Attn: Client Administrative Services, MS 229  
PO Box 997000  
Sacramento, CA 95899**

<b>Family Member Name</b> (Only list dependents if you did not select "Retiree Only.")	<b>Date of Birth</b> (month/day/year)	<b>Relationship to Enrollee</b> (spouse/domestic partner, student, child, etc.) Must be a tax dependent.

**Please read before signing.** By accepting the enrollment terms, I agree that all information is true and accurate. I understand that I am enrolling in this voluntary plan for a twelve (12) month period. I understand my VSP plan will automatically renew after this twelve (12) month period unless I specifically elect not to renew. I understand that my vision premiums will automatically be deducted from my retirement check, and uncollected premiums for two consecutive months will result in the termination of my VSP benefit unless other payment arrangements are made with VSP.

**Enrollee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Benefits Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_