

Trust your eyes to  
VSP® Vision Care!



**Dear MCERA retiree,**

We have exciting news for you;

**VSP benefits will now include fully covered standard progressives at no cost to you or your covered dependent, premium and custom progressives covered in full, after a \$40 copay.**

**Plus you will still have access to:**

- **Savings** - Exclusive Member Extras, like rebates and special offers, which can save you more than \$2,500 (including our partnership with TruHearing).
- **Stay Healthy** - The best care from a VSP provider including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Look Great** - Hundreds of frame options for you and your family

**Enrolling in VSP is easy.**

You have the option to enroll yourself and all eligible dependents by:

- Completing and mailing the enclosed VSP enrollment form in the postage-paid return envelope.
- Your monthly premium will be deducted from your pension check
- If you have any questions, please call 800.400.4569—VSP Member Services is available Monday - Friday: 5:00 AM to 8:00 PM; Saturday: 7:00 AM to 8:00 PM; and Sunday: 7:00 AM to 7:00 PM (Pacific Time).

Once your plan is effective, register and log on at [vsp.com](http://vsp.com) to find a VSP provider, and review your benefit information.

**Satisfaction guaranteed.**

If you're not 100% happy with the eye care and eyewear you receive from a VSP provider, we'll make it right.

We look forward to providing you the best care, value, and choices.

Sincerely,

VSP Client Administrative Services

Life is  
better in  
focus.™



## Get access to the best in eye care and eyewear with Merced County Employees' Retirement Association (MCERA) and VSP® Vision Care.



Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

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

- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### 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](http://vsp.com) or call 800.400.4569.
- **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](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

Save with VSP Coverage	Without VSP Coverage	With VSP Coverage
Eye Exam	\$166	\$20
Frame	\$200	\$20
Bifocal Lenses	\$162	\$20
Premium Progressive Lenses	\$158	\$40
Photochromic Adaptive Lenses	\$116	\$82
Member-only Annual Contribution	N/A	\$126.12
<b>Total</b>	<b>\$802</b>	<b>\$288.12</b>

Comparison based on CA averages for comprehensive eye exams and most commonly purchased brands

NOTE: Dollar amounts in the savings chart are estimates and don't reflect additional discounts from current VSP offers and promotions.

Average Annual Savings with a VSP Provider: **\$513.88**

### 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<sup>1</sup>. Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements<sup>2</sup>. Prefer to shop online? Check out all of the brands at [Eyeconic.com](http://Eyeconic.com), VSP's online eyewear store.

Enroll in VSP  
Contact us. 800.400.4569 | [mercedcera.vspforme.com](http://mercedcera.vspforme.com)

# Your VSP Vision Benefits Summary



Merced County Employees' Retirement Association (MCERA) and VSP provide you with an affordable eye care plan.

## VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$20	Every calendar year
<b>Prescription Glasses</b>		\$20	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$220 allowance for featured frame brands like Anne Klein, bebe®, ck Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard/Premium/Custom progressive lenses</li> <li>UV Protection</li> <li>Scratch-resistant Coating</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$40 \$16 \$17	Every calendar year
<b>Contacts (Instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every calendar year
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$20	As needed
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		
<b>Your Monthly Contribution</b>	\$10.51 Member only    \$20.53 Member + 1    \$24.05 Member + family		

### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit [vsp.com](http://vsp.com) for plan details.

Exam .....	up to \$45	Lined Bifocal Lenses .....	up to \$50	Progressive Lenses .....	up to \$50
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$65	Contacts .....	up to \$105
Single Vision Lenses .....	up to \$30				

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Contact us. [800.400.4569](tel:8004004569) | [mercedcera.vspforme.com](http://mercedcera.vspforme.com)

<sup>1</sup>Brands/Promotion subject to change.

<sup>2</sup>Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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## Save Up to 60% on Brand-name Hearing Aids

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000, and few people have hearing aid insurance coverage.

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too.

In addition to great pricing, TruHearing provides you with:

- Three provider visits for fitting and adjustments
- 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid

Plus, with TruHearing you'll get:

- Access to a national network of more than 3,800 hearing healthcare providers
- Straightforward, nationally-fixed pricing on a wide selection of the latest brand-name hearing aids
- Deep discounts on batteries shipped directly to your door

Best of all, if you already have a hearing aid benefit from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

**Learn more about this VSP Exclusive Member Extra at [truhearing.com/vsp](http://truhearing.com/vsp) or, call 877.396.7194 with questions.**

## TruHearing™

Here's how it works:

**Contact TruHearing.**

Call **877.396.7194**. You and your family members must mention VSP.

**Schedule exam.**

TruHearing will answer your questions and schedule a hearing exam with a local provider.

**Attend appointment.**

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is solely responsible for the products or services offered by them. Savings based on a survey of national average retail hearing aid prices compared to average TruHearing pricing. Actual customer savings will vary. Three follow-up visits must be used within one year after the date of initial purchase. Forty-five-day trial and hearing aid returns, repairs, and replacements subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service. Not available in the state of Washington.

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JOB#5007-16-VCXA 6/16

# VSP® Vision Care Enrollment Form

## Merced County Employees' Retirement Association



### Sign up for VSP.

#### Enrollee Information

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

First Name \_\_\_\_\_

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

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

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

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

Phone Number \_\_\_\_\_

#### Enrollment

Up to 30 days after your retirement.

#### VSP Client Number

30018587

#### Questions?

Call VSP at **800.400.4569**

#### Enrolling in VSP is easy.

Simply complete this enrollment form, and mail it to VSP in the postage-paid return envelope.

#### Your VSP Coverage (Choose one):

- Member Only .....\$10.51 Monthly
- Member + One .....\$20.53 Monthly
- Member + Family .....\$24.05 Monthly

#### Maximum Age Limits:

Child Age: **26** Student Age: **26**  
 Dependent would be eligible until the last day of their month of birth at the age listed above.

Add	Family Member Name <small>(Only list dependents if you didn't select Member Only)</small>	Date of Birth <small>(Month/Day/Year)</small>	Gender <small>(M/F)</small>	Relationship to Member <small>(Spouse/Domestic Partner, Child, etc.)</small>
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

**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 as described in the benefit document for a minimum twelve (12) month period. I understand that upon completion of my twelve (12) months, I will not be eligible to make changes to my plan until the next open enrollment period. I understand my VSP plan will automatically renew unless I specifically elect not to renew. I understand that my VSP premiums will automatically be deducted from my retirement check. Uncollected premiums will result in the termination of my VSP benefit unless other payment arrangements are made with VSP.

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

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

Benefits Effective Date \_\_\_\_\_ First Payroll Date \_\_\_\_\_