

Trust your eyes to
VSP® Vision Care!



MCERA

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 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



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 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.

©2016 Vision Service Plan. All rights reserved.
VSP is a registered trademark of Vision Service Plan. All other brands or marks are the property of their respective owners.



A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM MERCED COUNTY EMPLOYEES' RETIREMENT ASSOCIATION (MercedCERA) AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

\$ Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.



With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations—including private practice doctors and Visionworks® retail locations nationwide.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.



You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

	Without VSP	With VSP Coverage
Eye Exam	\$185	\$20
Frame	\$200	\$20
Bifocal Lenses	\$151	\$20
Custom Progressive Lenses	\$258	\$40
Light-reactive Lenses	\$126	\$75
Retiree-only Annual Contribution	N/A	\$126.12
Total	\$920	\$281.12

YOUR AVERAGE ANNUAL SAVINGS WITH VSP

\$638.88

Enroll today.

Contact us: **800.400.4569** or **vsp.com**

YOUR VSP VISION BENEFITS SUMMARY

Merced County Employees' Retirement Association (MercedCERA) and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials to give your eyes extra love.

PROVIDER NETWORK:

VSP Choice



Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every calendar year
PRESCRIPTION GLASSES		\$20	See frame and lenses
Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 Costco® frame allowance 	Included in Prescription Glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$40 \$40	Every calendar year
Contacts (instead of Glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Monthly Contribution	\$10.51 Retiree only \$20.53 Retiree + 1 \$24.05 Retiree + family		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network providers only. 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

©2020 Vision Service Plan. All rights reserved.
VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. All other brands or marks are the property of their respective owners.

VSP® Vision Care Enrollment Form

Merced County Employees Retirement Association

Sign up for VSP.

Enrollee Information

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____

Legal First Name _____

Legal Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Phone Number _____

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 their date of birth at 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 Effective Date _____ First Payroll Date _____



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 to the address below:
**PO BOX 997100
Sacramento, CA 95899**