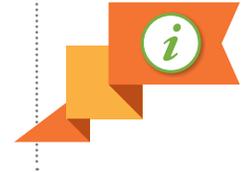


## Vision Plan

You are not required to enroll in vision coverage, but you must be enrolled in a medical plan choice to enroll in a vision plan. You may enroll yourself, your spouse/domestic partner, and your dependents individually or in any combination.

Both the full-time Kaiser HMO and Kaiser Deductible plan provide Kaiser Vision, so members in those plans cannot enroll in VSP. If you enroll in any other plan, including any of the part-time plans, you can enroll for VSP vision. For full-time or part-time employees, your premium contribution is the same percentage rate as medical coverage percentage. If you enroll in Opt Out and choose to enroll in a vision or dental plan your contribution share is 5% of the premium.

[www.vsp.com/signon.html](http://www.vsp.com/signon.html)



### 2016 Employee Vision Plan Monthly Premium Rates

	Employee	Employee & Spouse/Partner	Employee & Child(ren)	Employee & Family
VSP	\$14.30	\$18.78	\$16.13	\$19.23

### VSP Routine Vision Care Coverage

Benefits	Description	Copay	Frequency
<b>Well Vision Exam</b>	Focuses on your eyes and overall wellness	\$10	Every calendar year
<b>Prescription Glasses</b>		\$25	See frames and lenses
<b>Frames</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 allowance at Costco</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>	Standard progressive lenses	\$50	Every calendar year
	Premium progressive lenses	\$80 - \$90	
	Custom progressive lenses	\$120 - \$160	
	Average savings of 35-40% on other lens enhancements		
<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

*This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the plan document will apply.*