

Your MCSIG Vision Plan At a Glance 2017

Salinas Union High School District – Certificated

Employee only – Monthly rate	11.19	
Employee + 1 – Monthly rate	16.16	
Family – Monthly rate	28.99	
Vision Benefits...	With VSP Provider Plan A	Non-Participating Provider Plans A
Vision Exams	Paid in full (\$10 copayment) Every 12 months	Up to \$50 toward the cost of an exam Every 12 months
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 24 months 	Up to \$50 Single Vision Lenses Up to \$75 Lined Bifocal Lenses Up to \$100 Lined Trifocal Lenses Up to \$85 Progressive Lenses Every 12 or 24 months, depending on the schedule under your plan
Frames	<ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames (\$80 allowance at Costco) • \$170 allowance for featured frame Brands • 20% savings on the amount over your allowance • Every 24 months 	Up to \$70 toward the cost of frames Every 12 or 24 months, depending on the schedule under your plan
Contact Lenses (Instead of glasses) <ul style="list-style-type: none"> • Medically necessary** • Elective 	<ul style="list-style-type: none"> • \$150 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) • Every 24 months 	Up to \$105 Contacts

* Whether or not you receive care from a VSP provider, you pay for any extra fees resulting from optional features such as oversize lenses, coated lenses, no-line multifocal lenses and treatments for cosmetic reasons.

** Medically necessary contact lenses must be prescribed by a VSP doctor for certain conditions. Your VSP doctor must get prior approval from VSP for medically necessary contact lenses.

VSP Customer Service: 800-877-7195

To find a VSP provider, visit vsp.com

MCSIG Customer Services: 831-755-8055 or toll free 800-287-1442



MCSIG

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