

**NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT  
VISION INSURANCE**

**2018 Vision Premium Rates  
(Monthly Rates)**

The District has vision insurance available with Vision Service Plan (VSP) through the optional fringe benefit program. There are two options available, the High Option and the Low Option. Participants should select from VSP's network of independent doctors of optometry, ophthalmology, and opticians; however, member reimbursements are made if services are received outside of the plan network. The information on this sheet is just a summary of plan benefits and shows member costs when using in-network providers. For more detailed information, as well as reimbursement amounts when using out-of-network providers, please visit VSP's website, [www.vsp.com](http://www.vsp.com).

**HIGH OPTION**

Vision exam	(once every 12 mo. period)	\$10.00 co-pay
Lenses	(once every 12 mo. period)	\$10.00 co-pay <ul style="list-style-type: none"> <li>• Single vision, lined bifocal/trifocal lenses</li> <li>• Standard progressive lenses</li> <li>• Polycarbonate lenses covered for all</li> </ul>
Lens options	(tint, scratch-resistance, etc.)	20% off Retail Price
Frame	(once every 12 mo. period)	\$140.00 allowance +20% off amount over allowance (\$75.00 allowance using Costco - no other discount)
Contact Lenses	(once every 12 mo. period)	up to \$60.00 co-pay for fitting and evaluation \$155.00 allowance for contacts

**LOW OPTION**

Vision exam	(once every 12 mo. period)	\$10.00 co-pay
Lenses	(once every 24 mo. period)	\$25.00 co-pay <ul style="list-style-type: none"> <li>• Single vision, lined bifocal/trifocal lenses</li> <li>• Standard progressive lenses</li> <li>• Polycarbonate lenses dep. children only</li> </ul>
Lens options	(tint, scratch-resistance, etc.)	20% off Retail Price
Frames	(once every 24 mo. period)	\$100.00 allowance +20% off amount over allowance (\$55.00 allowance using Costco – no other discount)
Contact Lenses	(once every 24 mo. period)	up to \$60.00 co-pay for fitting and evaluation \$115.00 allowance for contacts

<b>VISION PLAN PREMIUMS</b>	<b>EMP ONLY</b>	<b>EMP + 1 DEP</b>	<b>EMP + 2 OR MORE</b>
<b>VSP HIGH OPTION</b>	<b>\$11.82</b>	<b>\$23.64</b>	<b>\$38.06</b>
<i>(Effective 1/1/2018)</i>	<i>\$ 11.55</i>	<i>\$23.10</i>	<i>\$37.19</i>
<b>VSP LOW OPTION</b>	<b>\$ 6.16</b>	<b>\$12.30</b>	<b>\$19.82</b>
<i>(Effective 1/1/2018)</i>	<i>\$6.02</i>	<i>\$12.02</i>	<i>\$19.37</i>