

# VSP® Enrollment Form for University of California Retirees



UNIVERSITY OF CALIFORNIA

## Personal Information: Retiree/Survivor/Disabled Member

First Name..... MI ..... Last Name .....

SSN .....-.....-..... Date of Birth .....

Home Address .....

City ..... State ..... Zip Code .....

Billing Address (if different) .....

City ..... State ..... Zip Code .....

Email Address .....

Phone .....

## Your VSP Coverage

(Check the box next to the coverage level and payment option you are selecting.)

	Monthly	Every 3 Months	Yearly
<input type="checkbox"/> Retiree/Surviving Spouse Only	<input type="checkbox"/> \$11.99	<input type="checkbox"/> \$35.97	<input type="checkbox"/> \$143.88
<input type="checkbox"/> Retiree + Adult	<input type="checkbox"/> \$22.66	<input type="checkbox"/> \$67.98	<input type="checkbox"/> \$271.92
<input type="checkbox"/> Retiree/Surviving Spouse + Child(ren)	<input type="checkbox"/> \$22.87	<input type="checkbox"/> \$68.61	<input type="checkbox"/> \$274.44
<input type="checkbox"/> Retiree + Adult + Child(ren)	<input type="checkbox"/> \$28.00	<input type="checkbox"/> \$84.00	<input type="checkbox"/> \$336.00

## Enrolling in VSP is easy.

Mail: Simply complete, sign, date and mail this enrollment form to:

**VSP Vision Care**  
**PO Box 997100**  
**Sacramento, CA 95899**

Your enrollment form must be completed and postmarked no later than 31 days from your coverage effective date (see below).

Upon receipt of your form, VSP will bill you directly for your vision coverage based on the coverage level and payment option you selected.

For Surviving Spouse, your effective date will be the first of the month following date of death.

For questions about enrollment, call VSP at **866.240.8344**.

**Survivor Only** I am the survivor of: Retiree Name ..... Last 4 SSN .....

Please provide a copy of the retiree's death certificate.

## Enrollee Information

(Check the box next to family member(s) to be covered.)

	Family Member Name	Date of Birth (Month/Day/Year)	Relationship to Retiree (Use codes listed below)
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Legal spouse (S), Same-sex domestic partner (D), Opposite-sex domestic partner if over age 62 (L), Child (natural or adopted) (C) Over-age disabled (H), Non-tax dependent child (natural or adopted) (T), Non-tax dependent over-age disabled child (N), Partner's child/grandchild (K), Stepchild (P), Legal ward (W), or Grandchild (G)

**Please read before signing.** By signing below, I agree that all information is true and agree to the Participation Terms and Conditions listed on the back of this form. I understand that VSP will bill me directly for my vision coverage. Based on the payment option I have selected, I authorize VSP to automatically debit my checking account or charge my credit card as directed. Automatic payments will be made only upon receipt of this enrollment form. If I selected to make check payments, failure to submit premium payments by the due date will result in the termination of my VSP plan benefit.

Enrollee Signature ..... Date .....

## FOR CAMPUS/LAB/HR USE ONLY

List all family members currently enrolled in UC-sponsored vision coverage, including relationship code and date of birth in the Enrollee Information section.

Benefits Representative Signature	Benefits Representative Name	Phone	Location	Date
Effective Date of Coverage: Month..... Day..... Year.....				

## Participation Terms and Conditions

Your social security number will be requested only when needed by benefit plan administration for financial reporting or to verify your identity, in compliance with state and federal law.

As a participant in UC-sponsored plans, you agree to the following terms and conditions:

1. You acknowledge and accept all terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and UC's Group Insurance Regulations.
2. If you enroll family members, the University and/or carrier may require proof of eligibility. Marriage or birth certificates, adoption papers, tax records, and the like may be requested. You agree to provide such documentation upon request.
3. If you specifically ask UC representatives to intercede on your behalf with your insurance plan, University representatives will request minimum necessary health information required to assist you with your problem. If more protected health information is needed to solve your problem, in compliance with state privacy laws and federal laws, including HIPAA (Health Insurance and Portability and Accountability Act of 1996), you may be required to sign an authorization allowing UC to provide the insurance plan with relevant personal health information or authorize the insurance plan to release such information to the University representative.
4. Your enrollment effective date is determined by your plan administrator unless otherwise stated.
5. You certify that all enrolled family members are eligible for coverage based on the definitions and rules specified in the UC publications, Group Insurance Eligibility Factsheet for Employees and Eligible Family Members, and Group Insurance Eligibility Factsheet for Retirees and Eligible Family Members. You agree that you will disenroll them within 31 days if they lose eligibility. You further certify that all the information you provide is true to the best of your knowledge, under penalty of perjury.
6. Making false statements about satisfying eligibility criteria, failing to notify the University of loss of eligibility within 31 days of such loss, or failing to provide documentation when requested will lead to de-enrollment of the family members and possible legal action. In addition, employees/retirees may be subject to disciplinary action (e.g., loss of health benefits for up to 12 months) and will be responsible for any employer contributions to and benefits paid by the plan for ineligible coverage.

# Keep your eyes healthy with the University of California and VSP.®

Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eye care and eyewear.

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

- **Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness through a WellVision Exam® from a VSP doctor. Our doctors take the time to look for vision problems and signs of other health conditions too. Plus, with a VSP doctor, your satisfaction is guaranteed—if you're not 100% happy, we'll make it right.
- **Great Eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of Providers.** You can choose any eye care provider—your local VSP doctor, a retail chain affiliate, or any other provider.

Save with VSP coverage:	Without VSP Coverage	With VSP Coverage
Eye Exam	\$154	\$10 Copay
Frame	\$130	\$25 Copay
Bifocal Lenses	\$148	
Progressive Lenses	\$153	\$105
Photochromic Adaptive Lenses	\$109	\$0
Retiree-only Annual Contribution	N/A	\$144
<b>Total</b>	<b>\$694</b>	<b>\$284</b>

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

Average Annual Savings  
**\$410**  
with a VSP Doctor

## Enrolling in VSP is easy

Choose one of these convenient options:

- **Mail:** Complete and mail the enclosed enrollment form to VSP.
- **Phone:** Call **866.240.8344** to speak with VSP Member Services. Representatives are available Monday through Friday, 5:00 a.m. to 8:00 p.m.; Saturday, 7:00 a.m. to 8:00 p.m.; and Sunday, 7:00 a.m. to 7:00 p.m. (Pacific Time).

## Manage your payment online

Once your plan is effective, register and log on at [vsp.com](http://vsp.com) to manage your account, find a VSP doctor, and review your benefit information to see eligible services. You can make payments online or even over the phone by calling VSP at **866.240.8344**. Alternatively, if you do nothing, VSP will simply send you an invoice.

## Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexor®, Lacoste, Nike, Nine West, and more. Visit [vsp.com](http://vsp.com) to find a doctor who carries these brands.

## Save Big on Hearing Aids

Save up to an average of 50% on all-digital hearing aids through TruHearing®. Visit [specialoffers.vsp.com/truhearing](http://specialoffers.vsp.com/truhearing) for details.

Enroll in VSP today.  
You'll be glad you did.

Contact us.

[vsp.com/go/uc retirees](http://vsp.com/go/uc retirees)

**866.240.8344**

# Your VSP Vision Benefits Summary

The University of California and VSP provide you with an affordable eye care plan.

**Enrollment is ongoing:** Simply enroll within 31 days of the date of your retirement.

**Effective Date:** The first of the month, following enrollment.

**Doctor Network:** Choice

Visit [vsp.com](http://vsp.com) for more details on your vision benefit and for exclusive savings and promotions for VSP members. Or for complete vision benefit information, you can review the VSP Evidence of Coverage booklet at the UC benefits website—[ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu)—or request a copy by calling VSP at **866.240.8344**. You can also contact VSP Customer Service via email at [imember@vsp.com](mailto:imember@vsp.com).

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Doctor or Affiliate Provider*</b>			
<b>WellVision Exam®</b>	• Focuses on your eyes and overall wellness	\$10	Every Calendar Year
<b>Prescription Glasses</b>			
<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$130 allowance for a wide selection of frames</li> <li>• \$150 allowance on featured frame brands</li> <li>• \$70 allowance at Costco®</li> <li>• 20% savings on the amount over your allowance</li> </ul>	\$25	Every Other Calendar Year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Polycarbonate lenses</li> <li>• Tints, including photochromic adaptive lenses</li> </ul>		Every Calendar Year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average 20-25% savings on other lens enhancements</li> </ul>	\$55 \$95-\$105 \$150-\$175	Every Calendar Year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$110 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>VSP Diabetic Eyecare Plus Program<sup>SM</sup></b>	• 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.	\$20	As needed
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b>		
	<ul style="list-style-type: none"> <li>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam</li> </ul>		
<b>Your Monthly Contribution</b>	<b>Laser Vision Correction</b>		
	<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>		
	\$11.99 Retiree/Surviving Spouse Only	\$22.87 Retiree/Surviving Spouse + Child(ren)	
	\$22.66 Retiree + Adult	\$28.00 Retiree + Adult + Child(ren)	

## Your Coverage with Other Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

Exam..... up to \$40    Single Vision Lenses ..... up to \$40    Lined Trifocal Lenses..... up to \$80    Contacts..... up to \$110  
 Frame..... up to \$45    Lined Bifocal Lenses..... up to \$60    Progressive Lenses..... up to \$80    Tints/Polycarbonate..... up to \$5

\*Coverage with a retail chain affiliate may be different. Visit [vsp.com](http://vsp.com) for details. VSP guarantees coverage from VSP 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.