



Dear Ivy Tech Employee/Retiree,

Ivy Tech Community College of Indiana is delighted to offer you comprehensive vision coverage through VSP® Vision Care. The benefit plan gives you great savings on prescription glasses and contacts. Additionally, you will receive personalized care focused on your eye health and overall wellness.

Coverage is effective the first of the month following enrollment, as long as you enroll within 31 days from your date of hire or qualifying event. You may enroll yourself and eligible family members for vision coverage through VSP. Premiums for this benefit are solely paid by you, and will be billed directly by VSP. VSP accepts checks, automatic withdrawal from your checking account, and credit cards.

If you have any questions, visit [vsp.com/go/ivytech](https://vsp.com/go/ivytech) or call VSP at **800.400.4569**.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Fisher".

Jennifer Fisher  
Executive Director of Employee Benefits

50 WEST FALL CREEK PARKWAY NORTH DRIVE  
INDIANAPOLIS, INDIANA 46208-5752  
P. 317-921-4882

Ivy Tech is an accredited, equal opportunity, affirmative action community college.

# Keep your eyes healthy with Ivy Tech Community College and VSP® Vision Care.

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. When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. 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.** With open access to see any eye care provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

## Using your VSP Benefit is Easy.

- Find an eye care provider who's right for you. To find a VSP doctor, visit [vsp.com](http://vsp.com) or call **800.877.7195**.
- Review your benefit information. Visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There's no ID card necessary. That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

## Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Flexon®, 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.

## Manage your Payment Online

Once your plan is effective, register and log in at [vsp.com](http://vsp.com) to manage your account, find a VSP doctor, and review your benefit information to see eligible services. Alternatively, if you do nothing, VSP will simply send you an invoice.

Save with VSP coverage:	Without VSP Coverage	With VSP Coverage
Eye Exam	\$154	\$15 Copay
Frame	\$130	\$20 Copay
Bifocal Lenses	\$148	
Progressive Lenses	\$153	\$105
Photochromic Adaptive Lenses	\$103	\$70
Member-only Annual Contribution	N/A	\$111
<b>Total</b>	<b>\$688</b>	<b>\$321</b>

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

Average Annual Savings  
**\$367**  
 with a VSP Doctor

# Your VSP Vision Benefits Summary

Ivy Tech Community College and VSP provide you with an affordable eye care plan.

**Voluntary Benefits Enrollment is Ongoing**

**Coverage Effective:** First of the month following enrollment

**VSP Doctor Network:** VSP Choice

Visit [vsp.com](http://vsp.com) for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency
<b>Your Coverage with VSP Doctors</b>			
<b>WellVision Exam</b>	Focuses on your eyes and overall wellness	\$15	Every plan 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 for featured frame brands</li> <li>20% off amount over your allowance</li> </ul>	\$20	Every other plan year*
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Scratch-resistant coating</li> </ul>		Every plan year*
<b>Lens Options</b>	• Standard progressive lenses	\$55	Every plan year*
	• Premium progressive lenses	\$95-\$105	
	• Custom progressive lenses	\$150-\$175	
	• Average savings of 20-25% on other lens enhancements		
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts</li> <li>Contact lens exam (fitting and evaluation). This additional exam ensures proper fit of your contacts.</li> <li>If you choose contact lenses, you will be eligible for a frame one plan year* from the date the contact lenses were obtained.</li> </ul>	Up to \$60 for fitting & evaluation	Every plan year*
<b>Diabetic Eyecare Plus Program<sup>SM</sup></b>	• Services related to types 1 and 2 diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
<b>Extra Savings and Discounts</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 doctor within 12 months of your last WellVision Exam.</li> </ul>		
<b>Extra Savings and Discounts</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>		
<b>Your Monthly Contribution</b>	\$ 9.28..... Employee/Retiree Only      \$ 19.73 ..... Employee/Retiree + Child(ren) \$ 18.45..... Employee/Retiree + Spouse      \$ 31.55 ..... Employee/Retiree + Family		

## 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 \$45      Single Vision Lenses..... up to \$30      Lined Trifocal Lenses..... up to \$65      Contacts..... up to \$105  
 Frame..... up to \$70      Lined Bifocal Lenses..... up to \$50      Progressive Lenses..... up to \$50

VSP guarantees coverage from VSP doctors 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.

\*Plan year is from July 1 through December 31, 2015.

Dependent children may be covered up to the end of the month in which the child turns 26.

## Additional Information

**Please Note:** By enrolling in this voluntary plan, you agree to the outlined terms for a six (6) month period as of July 1, 2015 through December 31, 2015, unless there is an IRS Section 125 qualified permitting event. More information will be provided in the fall of 2015 for our open enrollment effective January 1, 2016. You'll be billed directly by VSP. Uncollected premiums over 30 days past due will result in the termination of your VSP benefit and could result in collection action for any unpaid premiums.



Keep your eyes healthy and your vision clear with VSP. **Enroll Today.**