

SALEM COUNTY IMPROVEMENT AUTHORITY

RESOLUTION 2019-67

OCTOBER 10, 2019

RESOLUTION AUTHORIZING SCIA TO JOIN  
THE COUNTY OF SALEM VISION BENEFIT PLAN

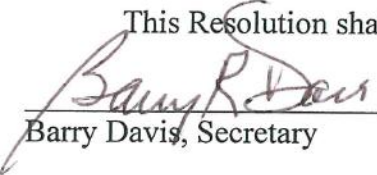
WHEREAS, Salem County Improvement Authority ("SCIA") has determined that it is in the best interest of its employees to join in the vision plan afforded to employees of the County of Salem; and

WHEREAS, the County shall execute a shared services agreement with SCIA to incorporate SCIA employees in its plan coverage and pass a resolution to this effect;

NOW THEREFORE, BE IT RESOLVED that SCIA shall provide a vision plan to its employees in accordance with Exhibit A, attached.


BE IT FURTHER RESOLVED that SCIA employees are required to pay the monthly premium.

This Resolution shall take effect January 1, 2020.

  
\_\_\_\_\_  
Barry Davis, Secretary

  
\_\_\_\_\_  
Cordy Taylor, Chairman

I hereby certify the above to be a true copy of a Resolution adopted by the SCIA at a regular meeting held on October 10, 2019.

  
\_\_\_\_\_  
Barry Davis, Secretary

# Your VSP Vision Benefits Summary



SALEM COUNTY and VSP provide you with an affordable eyecare plan.

VSP Coverage Effective Date: 01/01/2019

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
WellVision Exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every 12 months
Prescription Glasses		\$10	See frame and lenses
Frame	<ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$220 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
Lenses	<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 12 months
Lens Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
Extra Savings	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <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>		

### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. 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 this contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business.

Contact us 800.877.7195 | [vsp.com](http://vsp.com)

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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# FINAL RATES

## Vision - VSP

Monthly Premium (if 51+ employees participate)	
Employee Only	\$12.03
Employee & One	\$19.24
Employee & Children	\$19.64
Employee & Family	\$31.67