



Vision

GIVING CALIFORNIA CPA FIRMS  
A CLEARLY BETTER CHOICE

Vision Coverage for CPAs, by CPAs

PROTECT PLUS

## About Vision Service Plan

Vision Service Plan (VSP) delivers the kind of comprehensive care and personalized service that California CPAs have come to expect from CalCPA sponsored programs. The VSP vision care program allows you to offer your employees and their dependents superior eye care at a very reasonable cost. VSP sets high standards for the professional services offered and it maintains a strict quality assurance program to guarantee that those standards are met. The contractual agreements with member doctors and wholesale ophthalmic laboratories assure that VSP services and materials are of the highest quality and are provided at less than usual and customary fees.

## Using VSP is Simple

No cards, no claim forms, no hassles. To access your benefits, simply:

- Make an appointment with a VSP doctor – you can find a doctor by calling (800) 877-7195 or by visiting [www.vsp.com](http://www.vsp.com)
- Tell the doctor you are a VSP member when making the appointment
- Provide the doctor with the covered member's ID. Your doctor and VSP will handle the rest by verifying your benefits and eligibility for services – it's that easy!

## If You Don't See a VSP Doctor

Over 90% of VSP members choose a VSP doctor. However, if you choose to see an out-of-network provider, be aware that your out-of-network benefits do not guarantee full payment. Services obtained through out-of-network providers are subject to the same timeframes and copayments as services obtained through VSP doctors. You will be required to pay the provider in full at the time of service and will need to submit an itemized receipt and other information to VSP for reimbursement.

## Who is Eligible?

### Partners, Sole Proprietors and Employees

This coverage is available to Participating Employers who enroll 100% of their full-time employees (working a minimum of 20 hours per week, or 30, if elected by the employer). To be eligible for enrollment in the Vision Service Plan a participating employer must be an accounting firm in public practice or general financial services. To become eligible and retain such eligibility more than 50% of all the Participating Employer's owners (i.e. principles, proprietors, partners, shareholders or other owners) must be CPA's and all CPA owners must be members of the California Society of Certified Public Accountants in good standing.

### Businesses Employing CalCPA Members

This coverage is also available to non-CPA firms and businesses employing (and continuing to employ) at least one California Society of Certified Public Accountants member in business and industry. To be eligible and retain such eligibility, 100% of full-time employees (working a minimum of 20 hours per week, or 30, if elected by the employer) must be enrolled.



## Two Plans to Choose From

Your firm may elect either the VSP Standard Plan or VSP Enhanced Plan. Both plans provide the same comprehensive visual examination every twelve months.

The Standard Plan provides for medically necessary lenses or contact lenses every 24 months. Please refer to the following chart for a more complete description of benefits.

The Enhanced Plan provides for medically necessary lenses or contact lenses every 12 months. Please refer to the following chart for a more complete description of benefits.

BENEFIT	VSP STANDARD PLAN		BENEFIT	VSP ENHANCED PLAN	
	VSP Participating Provider	Non-VSP Participating Provider		VSP Participating Provider	Non-VSP Participating Provider
<b>Eye Examination</b>	\$15 copay Every 12 months	\$15 copay Up to \$42 Every 12 months	<b>Eye Examination</b>	\$15 copay Every 12 months	\$15 copay Up to \$42 Every 12 months
<b>Lenses</b>			<b>Lenses</b>		
Single Vision	\$15 copay for frames & lenses Every 24 months	\$15 copay Up to \$40 Every 24 months	Single Vision	\$15 copay for frames & lenses Every 12 months	\$15 copay Up to \$40 Every 12 months
Bifocal	\$15 copay for frames & lenses Every 24 months	\$15 copay Up to \$60 Every 24 months	Bifocal	\$15 copay for frames & lenses Every 12 months	\$15 copay Up to \$60 Every 12 months
Trifocal	\$15 copay for frames & lenses Every 24 months	\$15 copay Up to \$80 Every 24 months	Trifocal	\$15 copay for frames & lenses Every 12 months	\$15 copay Up to \$80 Every 12 months
Lenticular	\$15 copay for frames & lenses Every 24 months	\$15 copay Up to \$125 Every 24 months	Lenticular	\$15 copay for frames & lenses Every 12 months	\$15 copay Up to \$125 Every 12 months
<b>Frames</b>	\$15 copay for frames & lenses Every 24 months	\$15 copay Up to \$45 Every 24 months	<b>Frames</b>	\$15 copay for frames & lenses Every 24 months	\$15 copay Up to \$45 Every 24 months
<b>Contact Lenses</b> Visually necessary	\$15 copay for professional fees and materials Every 24 months in lieu of all other lens and frame benefits	\$15 copay for professional fees and materials Up to \$210 Every 24 months in lieu of all other lens and frame benefits	<b>Contact Lenses</b> Visually necessary	\$15 copay for professional fees and materials Every 12 months in lieu of all other lens and frame benefits	\$15 copay for professional fees and materials Up to \$210 Every 12 months in lieu of all other lens and frame benefits
Elective	\$15 copay for professional fees and materials Up to \$105 Every 24 months in lieu of all other lens and frame benefits	\$15 copay for professional fees and materials Up to \$105 Every 24 months in lieu of all other lens and frame benefits	Elective	\$15 copay for professional fees and materials Up to \$105 Every 12 months in lieu of all other lens and frame benefits	\$15 copay for professional fees and materials Up to \$105 Every 12 months in lieu of all other lens and frame benefits

## Plan Limitations and Exclusions

### (Patient Options)

This plan is designed to cover visual needs rather than cosmetic materials. When a covered person selects any of the following extras, the plan will pay the basic cost of the allowed lenses, and the covered person will pay the additional costs for the options.

- Optional cosmetic processes
- Anti-reflective coating
- Color coating
- Mirror coating
- Scratch coating
- Blended lenses
- Cosmetic lenses
- Laminated lenses
- Oversize lenses
- Progressive multifocal lenses
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2
- UV (ultraviolet) protected lenses
- Certain limitations on low vision care
- A frame that costs more than the plan allowance
- Contact lenses except as described under the plan benefits

## Questions?

Call Toll-Free

**Seabury & Smith Insurance Program Management**

**1 (800) 824-1154**

Or visit **[www.cpaprotectplus.com](http://www.cpaprotectplus.com)**

To Verify Benefit Eligibility or Locate a VSP Provider

Call Toll-Free

**VSP Member Services**

**1 (800) 877-7195**

T.D.D for the hearing impaired:

**1 (800) 428-4833**

Or visit **[www.VSP.com](http://www.VSP.com)**



## This plan is self-funded through:

The Group Insurance Trust of the California Society of  
Certified Public Accountants

1235 Radio Road  
Redwood City, CA 94065

## Sponsored by:

The California Society of  
Certified Public Accountants

## Arranged and Administered:

Seabury & Smith Insurance Program Management

One California Street  
San Francisco, CA 94111  
Insurance License No. 0633005

## Offered through:



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