Its time for Open Enrollment for Vision coverage through Contact Communications for 2019.

Contact will continue to offer VISION coverage through VSP for all employees.

Full time employees received a benefit of $7.34 per month in 2018 towards any plan selected with the balance taken from the employee in bi-weekly deductions from payroll. As of this printing, the 2019 rates were not available. Updates will be given as soon as they are received.

Part time employees can sign up and pay the monthly premium via bi weekly deductions from payroll.

Please visit our website [www.contactcommunications.com/employee-information-directory](http://www.contactcommunications.com/employee-information-directory) under Health Care and Benefits Information, VISION for information

If you are already enrolled in the Vision plan and have no changes, your coverage will continue for 2019.

If you would like to sign up for coverage, please contact me by December 7, 2018.

Also, please see the HIPAA notice attached.

Please let me know if you have any questions.

Sincerely,

Kathy

Kathy Paskevich

Premium Prices as of January 1, 2019 before contribution were not available as of this printing. Information is for the 2018 premiums.

Employee $12.34

Employee/spouse $19.75

Employee/child $20.16

Family $32.51

**Reminder of Availability of HIPAA Notice of Privacy Practices**

VSP® Vision Care maintains a HIPAA Notice of Privacy Practices (Notice) describing how health information about individuals covered under our vision care services insurance plans may be used and disclosed. The HIPAA Privacy Rule requires that every three years we notify individuals currently covered by a VSP plan of the availability of the Notice and how to obtain the Notice.

You may obtain a copy of our Notice by contacting VSP Member Services at **800.877.7195**  or by writing to VSP Attn: Regulatory Compliance, 3333 Quality Drive MS-163, Rancho Cordova, CA 95670 or [HIPAA@vsp.com](mailto:HIPAA@vsp.com). A copy of our Notice is also available on the web at [vsp.com](http://app.go.vsp.com/e/er?s=1654816445&lid=598&elqTrackId=AB064B3F1686C77D7F4D28A77FB7C4B7&elq=5eddac259ecb4605ba8fe0fea306f05c&elqaid=953&elqat=1), click on [Notice of Privacy Practices](http://app.go.vsp.com/e/er?s=1654816445&lid=597&elqTrackId=0FD84DEC8A93C85F9D8DF9FBCFD0620C&elq=5eddac259ecb4605ba8fe0fea306f05c&elqaid=953&elqat=1).

**Nondiscrimination Statement:** VSP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.877.7195 (TTY: 1.800.428.4833).

**繁體中(Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.877.7195 (TTY: 1.800.428.4833).