



# A Look at Your VSP **Vision Coverage**

With VSP and the California State University, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

# Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

## Provider choices you want.



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

#### Shop online and connect your benefits.

eveconic Prefer to shop online? Eyeconic is the only in-network, online store for glasses, contacts, and sunglasses for VSP members.

# Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

## Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

# Enjoy savings on eye care and eyewear.

Upgrade your vision coverage to the VSP Premier Plan to enjoy a higher allowance for glasses or contacts. Plus, get additional coverage for lens enhancements. See the back page for more details.

## Your monthly premium.

#### **Basic Plan:**

- \$0 Employee only
- \$0 Employee + one
- \$0 Employee + family

# **Premier Plan:**

- \$5.06 Employee only
- \$17.08 Employee + one
- \$31.73 Employee + family

More Ways to Save

Extra

to spend on Featured Frame Brands<sup>+</sup>

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Calvin Klein

COLE HAAN

@DRAGON.

**FLEXON** 

LACOSTE 📻



See all brands and offers at vsp.com/offers.



Up to

Savings on lens enhancements‡

## Employee Coverage for California State University

CSU and VSP provide you with a choice of affordable vision plans. Stick with the Basic Plan or upgrade to the Premier Plan for enhanced benefits.

**DESCRIPTION** 

**BENEFIT** 



**DESCRIPTION** 



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**Effective Date:** 

**Provider Network:** 

Premier Plan: Choice

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BENEFIT

| DEMETI   | DESCRIPTION  | COPAI  | DENEFII                          | DESCRIPTION  | COPAT  |  |  |
|--|--|--|----------------------------------|--|--|--|--|
|  | BASIC PLAN Coverage with a VSP Provider  |  | PF                               | REMIER PLAN Coverage with a VSP Provider   |  |  |  |
| WELLVISION<br>EXAM                                       | <ul><li>Focuses on your eyes and<br/>overall wellness</li><li>Routine retinal imaging</li><li>Every calendar year</li></ul>  | \$10<br>Up to \$39                           | WELLVISION<br>EXAM               | <ul><li>Focuses on your eyes and overall wellness</li><li>Routine retinal imaging</li><li>Every calendar year</li></ul>  | \$10<br>Up to \$39                                 |  |  |
| ESSENTIAL<br>MEDICAL<br>EYE CARE                         | <ul> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul> | \$20 per exam                                | ESSENTIAL<br>MEDICAL<br>EYE CARE | <ul> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul> | \$20 per exar                                      |  |  |
| PRESCRIPTION G   | LASSES   |  | PRESCRIPTION GI                  | LASSES   |  |  |  |
| FRAME*   | \$130 Featured Frame Brands allowance     \$110 frame allowance     20% savings on the amount over your allowance     Every other calendar year     Single vision, lined bifocal.  | - \$0  | FRAME*                           | <ul> <li>\$230 Featured Frame Brands allowance</li> <li>\$210 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$115 Walmart/Sam's Club/Costco frame allowance</li> </ul>   | - \$0  |  |  |
| LENSES   | <ul> <li>and lined trifocal lenses</li> <li>Impact-resistant lenses for<br/>dependent children</li> <li>Every other calendar year<sup>†</sup></li> </ul>   |  | LENSES                           | Every calendar year     Single vision, lined bifocal, and lined trifocal lenses     Impact-resistant lenses for dependent children   |  |  |  |
| LENS<br>ENHANCEMENTS                                     | <ul> <li>UV protection</li> <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> <li>Every other calendar year</li> </ul>   | \$0<br>\$55<br>\$95 - \$105<br>\$150 - \$175 | LENS<br>ENHANCEMENTS*            | Every calendar year      UV protection     Tinted lenses     Standard progressive lenses     Premium progressive lenses     Custom progressive lenses     Average savings of 30% on other  | \$0<br>\$0<br>\$0<br>\$95 - \$105<br>\$150 - \$175 |  |  |
| CONTACTS<br>(INSTEAD<br>OF GLASSES)                      | <ul> <li>\$120 allowance for contacts<br/>and contact lens exam (fitting<br/>and evaluation)</li> <li>15% savings on a contact lens exam<br/>(fitting and evaluation)</li> <li>Every other calendar year<sup>†</sup></li> </ul>  | \$0  | CONTACTS                         |  |  |  |  |
| vsp ready:<br>lightCARE <sup>***</sup> light f<br>prescr | \$110 allowance for ready-made<br>non-prescription sunglasses, or<br>ready-made non-prescription blue  | \$0  | (INSTEAD<br>OF GLASSES)          | 15% savings on a contact lens exam<br>(fitting and evaluation)     Every calendar year   | \$O<br>  |  |  |
|  | light filtering glasses, instead of prescription glasses or contacts  • Every other calendar year  |  | VSP<br>LIGHTCARE*                | \$210 allowance for ready-made<br>non-prescription sunglasses, or<br>ready-made non-prescription blue light<br>filtering glasses, instead of prescription<br>glasses or contacts     Every calendar year   | \$0  |  |  |
| VSP COMPUTER VISIONCARE™ PLAN (EMPLOYEE-ONLY COVERAGE)   | <ul> <li>Evaluates your vision needs related to cor</li> <li>\$95 allowance for a wide selection of frant</li> <li>Single vision, lined bifocal, lined trifocal ar</li> <li>Every other calendar year<sup>†</sup></li> </ul>   | nes  | nses                             |  | \$10   |  |  |
|  | Glasses and Sunglasses  Discover all current eyewear offers and savings at vsp.com/offers.  20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.  |  |                                  |  |  |  |  |
| ADDITIONAL L<br>SAVINGS                                  | <ul> <li>Laser Vision Correction</li> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>   |  |                                  |  |  |  |  |
|  | Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details.     Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.     Everyday sayings on entertainment, health and wellness, travel, and more with VSP Simple Values.  |  |                                  |  |  |  |  |

\*Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

\*Coverage with a retail chain may be different or not apply.

\*New lenses will be approved every calendar year if the new prescription differs from the original by at least .50 diopter sphere or cylinder, there's a change in the axis of 15 degrees or more, or a difference in vertical prism

greater than one prism. VSP guarantees member satisfaction 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Eyeconic is a VSP-affiliated company.

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• Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.