

# Get the best in eye care and eyewear with VSP® Vision Care for CSU Active Employees and their Eligible Dependents.

Why enroll in the Premier Plan? When you choose Premier, you'll enjoy enhanced benefits, like a \$200 allowance for frames or contacts, every year. As an employee, you don't have to take action to remain enrolled in the Basic Plan.

#### You'll like what you see with VSP

- High Quality Vision Care. You'll enjoy more value and the lowest out-of-pocket costs.
- High Quality Vision Care. You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- Choice of Providers. The decision is yours to make—choose a VSP network doctor, participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Save with Premier Plan coverage.	With Basic Coverage	With Premier Coverage
Eye Exam	\$10	\$10
Frame (\$200)	\$105	<b>\$</b> O
Bifocal Lenses	\$105	<b>\$</b> 0
Standard Progressive Lenses	\$55	\$0
Anti-reflective Coating	\$69	\$69
Member Only Annual Contribution	N/A	\$51.96
Total	\$239	\$130.96

Additional Annual Savings with

the Premier Plan: \$108.04

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

**NOTE:** Dollar amounts in the savings chart are estimates and don't reflect additional discounts from current VSP offers and promotions.





#### Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. Visit vsp.com or call 800.877.7195.
- At your appointment, tell them you have VSP.
   There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP network 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, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more! Visit vsp.com to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's online eyewear store.

Enroll in Premier, by returning the enclosed form.

Contact us 800.400.4569 I csuactives.vspforme.com

## **Your VSP Vision Benefits Summary**

### **VSP Vision Care for CSU Active Employees** and their Eligible Dependents

VSP Provider Network: VSP Advantage

Basic Plan								
Benefit	Description	Copay						
WellVision Exam	Focuses on your eyes and overall wellness     Every calendar year	\$10						
Prescription Gla	scription Glasses \$0							
Frame	<ul> <li>\$95 allowance for a wide selection of frames</li> <li>\$115 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every other calendar year</li> </ul>	Included in prescription glasses						
Lenses	Single vision, lined bifocal, and lined trifocal lenses     Polycarbonate lenses for dependent children     Every other calendar year*	Included in prescription glasses						

Standard progressive lenses

Premium progressive lenses

Custom progressive lenses Average 20-25% savings on other

\$120 allowance for contacts and contact

lens exam (fitting and evaluation)

15% savings on a contact lens exam

lens enhancements · Every other calendar year

(fitting and evaluation) Every other calendar year

Lens **Enhancements** 

Contacts

(instead

of glasses)

VSP Provider Network: VSP Choice

Premier Plan (Enhanced Coverage)							
Benefit	Description	Copay					
WellVision Exam	Focuses on your eyes and overall wellness     Every calendar year	\$10					
_Adiii	Every calendar year						

	Every calcilladi year					
Prescription Glasses \$0						
Frame	\$200 allowance for a wide selection of frames     \$220 allowance for featured frame brands     20% savings on the amount over your allowance     \$110 allowance at Costco®     Every calendar year	Included in prescription glasses				
Lenses	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in prescription glasses				
Lens Enhancements	<ul> <li>Tinted lenses</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 20-25% savings on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$95-105 \$150-\$175				
Contacts (instead of glasses)	<ul> <li>\$200 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	\$O				
Extra Savings	Retinal Screening  • Pay no more than a \$39 copay on routine	retinal				

Pay no more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

Computer Vision	Care (E	Employee-only	y Coverage)										
Computer Vision Exam		<ul> <li>Evaluates your vision needs related to computer use</li> <li>Every other calendar year</li> </ul>									\$10 for exam		
Frame		<ul> <li>\$95 allowance for a wide selection of frames</li> <li>Every other calendar year</li> </ul>										bined exam	
Lenses		<ul> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> <li>Every other calendar year</li> </ul>										Combined with exam	
Glasses and Sunglasses  Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.  20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.													
<ul> <li>Laser Vision Correction</li> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available at contracted facilitites.</li> </ul>													
Monthly Contribution for the Basic Plan						Monthly Contribution for the Premier Plan							
Member Only	<b>\$0.</b> 00	Member + 1	<b>\$0.</b> 00	Member + Family	<b>\$0.</b> 00		Member Only	<b>\$4.</b> <sup>33</sup>	Member + 1	<b>\$16.</b> <sup>13</sup>	Member -	+ Family	\$30.52
Your Coverage with Out-of-Network Providers													
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.													
	up to \$50 Single Vision Lensesup to \$45 Lined Trifocal Lensesup to \$85 Contactsup to \$85 Lined Bifocal Lensesup to \$85							Up	to \$110				

\$55

\$95 - \$105 \$150 - \$175

\$0

#### Contact us 800.400.4569 I csuactives.vspforme.com

Coverage with a participating retail chain may be different. VSP guarantees coverage 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.

<sup>1.</sup> Brands/Promotion subject to change.

<sup>\*</sup>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.

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