

Life is
better
in focus.™



Get access to the best in eye care and eyewear with VSP® Vision Care for CSU Active Employees.



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 be enrolled in the Basic Plan. If you choose to upgrade to the Premier Plan, any dependents you wish to cover will also be upgraded to the Premier Plan coverage. You can't choose to enroll in both the Basic and Premier coverage at the same time.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the low 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.

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 provider.

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. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

| Save with Premier Plan coverage. | With Basic Coverage | With Premier Coverage |
|----------------------------------|---------------------|-----------------------|
| Eye Exam | \$10 | \$10 |
| Frame (\$200) | \$84 | \$0 |
| Bifocal Lenses | | |
| Standard Progressive Lenses | \$55 | \$0 |
| Anti-reflective Coating | \$69 | \$69 |
| Member Only Annual Contribution | N/A | \$51.96 |
| Total | \$218 | \$130.96 |

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.

Additional Annual Savings with the Premier Plan: \$87.04

Enroll in Premier 9/10/2018 - 10/5/2018. . You'll be glad you did.
Contact us 800.400.4569 | csuactives.vspforme.com

Active Employees

Your VSP Vision Benefits Summary

VSP Vision Care for CSU Active Employees

Effective Date: 1/1/2019
 Open Enrollment: 9/10/2018 - 10/5/2018
 No action needed to have Basic Coverage

VSP Provider Network: VSP Advantage

| Basic Plan | | |
|--------------------------------------|--|---------------------------------------|
| Benefit | Description | Copay |
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year | \$10 |
| Prescription Glasses | | \$0 |
| Frame | <ul style="list-style-type: none"> \$95 allowance for a wide selection of frames \$115 allowance for featured frame brands 20% savings on the amount over your allowance Every other calendar year | Included in prescription glasses |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every other calendar year* | Included in prescription glasses |
| Lens Enhancements | <ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% savings on other lens enhancements Every other calendar year | \$55 \$95 - \$105 \$150 - \$175 |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every other calendar year | \$0 |

VSP Provider Network: VSP Choice

| Premier Plan (Enhanced Coverage) | | |
|--------------------------------------|---|---------------------------------------|
| Benefit | Description | Copay |
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year | \$10 |
| Prescription Glasses | | \$0 |
| Frame | <ul style="list-style-type: none"> \$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 style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year | Included in prescription glasses |
| Lens Enhancements | <ul style="list-style-type: none"> Tinted lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% savings on other lens enhancements Every calendar year | \$0 \$0 \$95-105 \$150-\$175 |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every calendar year | \$0 |
| Extra Savings | Retinal Screening <ul style="list-style-type: none"> Pay no more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam | |

Computer Vision Care (Employee-only Coverage)

| | | |
|----------------------|--|--------------------|
| Computer Vision Exam | <ul style="list-style-type: none"> Evaluates your vision needs related to computer use Every other calendar year | \$10 for exam |
| Frame | <ul style="list-style-type: none"> \$95 allowance for a wide selection of frames Every other calendar year | Combined with exam |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and occupational lenses Every other calendar year | Combined with exam |

| | | |
|----------------------|--|--|
| Extra Savings | Glasses and Sunglasses <ul style="list-style-type: none"> 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. | |
| | Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available at contracted facilities. | |

| Monthly Contribution | | |
|----------------------|--------------------|------------------------------------|
| Member Only | \$0. ⁰⁰ | Member + Family \$0. ⁰⁰ |

| Monthly Contribution | | | |
|----------------------|--------------------|-----------------|---------------------|
| Member Only | \$4. ³³ | Member + Family | \$16. ¹³ |
| | | 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.

| | | | |
|-----------------------|--------------------------------------|---------------------------------------|---------------------------|
| Exam..... up to \$50 | Single Vision Lenses..... up to \$45 | Lined Trifocal Lenses..... up to \$85 | Contacts..... Up to \$110 |
| Frame..... up to \$60 | Lined Bifocal Lenses..... up to \$65 | Progressive Lenses..... up to \$85 | |

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage 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.

Contact us **800.400.4569**. | csuactives.vspforme.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. *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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