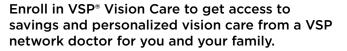
A Look at Your VSP Vision Coverage

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



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 private practice doctors and Visionworks® retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.



Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam[®]. 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 enhanced coverage with the VSP Premier Plan.

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:

- \$4.03 Employee only
- \$15.01 Employee + one
- \$28.41 Employee + family



CSU The California State University

YSP_™ | |

at vsp.com/offers.

+

Up to

40% Savings on lens enhancements‡

Questions? Contact us: 800.400.4569 or csuactives.vspforme.com

P 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.

BENEFIT	DESCRIPTION	COPAY
	BASIC PLAN Coverage with a VSP Provider	
WELLVISION EXAM	 Focuses on your eyes and overall wellness Routine retinal imaging Every calendar year 	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	 Retinal imaging for members with diabetes covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
PRESCRIPTION G	LASSES	
FRAME*	 \$130 Featured Frame Brands allowance \$110 frame allowance 20% savings on the amount over your allowance Every other calendar year 	\$0
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every other calendar year[†] 	-
LENS ENHANCEMENTS	 UV protection Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every other calendar year 	\$0 \$55 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	 \$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 LIGHTCARE ^{™*}	 \$110 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every other calendar year 	\$0

Provider Network:	
Basic Plan: Advanta	ge

Premier Plan: Choice



COPAY

Effective Date: 01/01/2024

BENEFIT

DESCRIPTION

	DESCRIPTION	
PI	REMIER PLAN Coverage with a VSP Provider	
WELLVISION EXAM	 Focuses on your eyes and overall wellness Routine retinal imaging Every calendar year 	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	 Retinal imaging for members with diabetes covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exa
PRESCRIPTION G	LASSES	
FRAME*	 \$230 Featured Frame Brands allowance \$210 frame allowance 20% savings on the amount over your allowance \$115 Walmart/Sam's Club/Costco frame allowance Every calendar year 	\$0
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	_
LENS ENHANCEMENTS	 UV protection Tinted lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	 \$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

VSP COMPUTER VISIONCARE sM PLAN (EMPLOYEE-ONLY COVERAGE)	 Evaluates your vision needs related to computer use \$95 allowance for a wide selection of frames Single vision, lined bifocal, lined trifocal and occupational lenses Every other calendar year[†] 	\$10
ADDITIONAL SAVINGS	 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 V provider within 12 months of your last WellVision Exam. Laser Vision Correction Average of 15% off the regular price; discounts available at contracted facilities. 	/SP
*Only available to VSP me	 Exclusive Member Extras 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 savings on entertainment, health and wellness, travel, and more with VSP Simple Values. 	

id purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more de

15avings 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.

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