

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM THE CALIFORNIA STATE UNIVERSITY AND VSP.



As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

PROVIDER CHOICES YOU WANT.



Visionworks

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks® retail locations nationwide.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.



You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

LOOK INTO THE VSP PREMIER PLAN AND ENJOY ENHANCED COVERAGE!

Upgrade your plan to enjoy a higher allowance for glasses or contacts and the option to shop at additional retail locations. Plus, get additional coverage for lens enhancements. See the back page for details.

GET YOUR PERFECT PAIR

EXTRA \$20 +

TO SPEND ON
FEATURED FRAME BRANDS*

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LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://www.vsp.com/offers).

UP TO **40%**
SAVINGS ON LENS
ENHANCEMENTS



Questions?

Contact us: **800.400.4569** or [csuactives.vspforme.com](https://www.csuactives.vspforme.com)

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.

PROVIDER NETWORK:
 Basic Plan: Advantage
 Premier Plan: Choice
EFFECTIVE DATE:
 1/1/2022



| Benefit | Description | Copay | Benefit | Description | Copay |
|---|--|--|--|--|--|
| BASIC PLAN Coverage with a VSP Provider | | | PREMIER PLAN Coverage with a VSP Provider | | |
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year | \$10 | WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year | \$10 |
| PRESCRIPTION GLASSES | | | PRESCRIPTION GLASSES | | |
| Frame | <ul style="list-style-type: none"> \$110 allowance for a wide selection of frames \$130 allowance for featured frame brands 20% savings on the amount over your allowance Every other calendar year | \$0 | Frame | <ul style="list-style-type: none"> \$210 allowance for a wide selection of frames \$230 allowance for featured frame brands 20% savings on the amount over your allowance \$115 Costco® frame allowance Every calendar year | \$0 |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every other calendar year** | | Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year | |
| Lens Enhancements | <ul style="list-style-type: none"> 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 | Lens Enhancements | <ul style="list-style-type: none"> 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 \$0 \$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 | 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 |
| COMPUTER VISION CARE (Employee-only) | <ul style="list-style-type: none"> 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 |
| VSP PRIMARY EYECARE PLAN™ | <ul style="list-style-type: none"> Retinal screening for members with diabetes. Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnosis of eye conditions like pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. | | | | \$0 \$20 per exam |
| EXTRA SAVINGS | Glasses and Sunglasses | | | | |
| | <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam. | | | | |
| | Retinal Screening | | | | |
| | <ul style="list-style-type: none"> Pay no more than \$39 for a routine retinal screening as an enhancement to your 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 from contracted facilities. | | | | |
| YOUR MONTHLY PREMIUM | | | | | |
| | <ul style="list-style-type: none"> Employee Only Employee + One Employee + Family | \$0 \$0 \$0 | | <ul style="list-style-type: none"> Employee Only Employee + One Employee + Family | \$4.11 \$15.32 \$28.99 |
| YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS | | | | | |
| Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details. | | | | | |
| Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network 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. | | | | | |

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. 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.
 **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.