

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 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.



Preferred private practice and retail in-network choices

private practice doctors

Visionworks

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

More Ways to Save

Extra

\$20

to spend on Featured Frame Brands[†]

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CALVIN KLEIN

COLE HAAN

@DRAGON.

FLEXON

LACOSTE 兵



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



Up to

40%

Savings on lens enhancements:

Employee Coverage For California State University Provider Network:

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

Basic Plan: Advantage Premier Plan: Choice



DESCRIPTION



COPAY

Effective Date: 01/01/2024

BENEFIT

COPAY

| | BASIC PLAN Coverage with a VSP Provider | | PF | REMIER PLAN Coverage with a VSP Provider | |
|--|--|--|--|--|--|
| WELLVISION EXAM | Focuses on your eyes and overall wellnessRoutine retinal imagingEvery calendar year | \$10 Up to \$39 | 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 | 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 exar |
| PRESCRIPTION C | BLASSES | | 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 | 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 | \$0 - |
| LENSES | Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every other calendar year† | | LENSES | Every calendar year Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for | |
| 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 | LENS ENHANCEMENTS | dependent children Every calendar year UV protection Tinted lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses | \$0 \$0 \$0 \$95 - \$105 \$150 - \$175 |
| CONTACTS (INSTEAD | \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam | \$0 | | Average savings of 30% on other lens enhancements Every calendar year \$200 allowance for contacts | |
| OF GLASSES) | fitting and evaluation) Every other calendar year [†] \$110 allowance for ready-made non-prescription sunglasses, or | \$0 CONTACTS (INSTEAD OF GLASSES) VSP LIGHTCARE* | and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every calendar year | \$0 | |
| VSP LIGHTCARE** | ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every other calendar year | | | \$210 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every calendar year | \$0 |
| VSP COMPUTER VISIONCARE™ PLAN (EMPLOYEE-ONLY COVERAGE) | Evaluates your vision needs related to co \$95 allowance for a wide selection of fra Single vision, lined bifocal, lined trifocal a Every other calendar year[†] | mes | enses | | \$10 |
| ADDITIONAL SAVINGS | Glasses and Sunglasses Discover all current eyewear offers and savings at vsp.com/offers. Ow savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from provider within 12 months of your last WellVision Exam. Laser Vision Correction Average of 15% off the regular price; discounts available at contracted facilities. Exclusive Member Extras Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. | | | | rom a VSP |

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

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

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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