

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

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations—including private practice doctors and 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 WITH EVEN LOWER PREMIUMS!

Upgrade your plan to enjoy a higher allowance for glasses or contacts and the option to shop retail. 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*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE NIKE NINE WEST

SEE MORE BRANDS AT VSP.COM/OFFERS.

UP TO 40%
SAVINGS ON LENS
ENHANCEMENTS



Enroll in VSP 9/21/2020 – 10/16/2020

Contact us: 800.400.4569 or 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. Plus, **premiums are even lower!**

PROVIDER NETWORK:

Basic Plan: Advantage

Premier Plan: Choice

EFFECTIVE DATE:

1/1/2021



Benefit	Description	Copay
BASIC 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

Benefit	Description	Copay
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

PRESCRIPTION GLASSES		
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 	\$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** 	
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% 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 contact lens exam (fitting and evaluation) Every other calendar year 	\$0

PRESCRIPTION GLASSES		
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 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 calendar year 	
Lens Enhancements	<ul style="list-style-type: none"> 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)	<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
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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			
• Employee Only	\$0	• Employee Only	\$4.11
• Employee + One	\$0	• Employee + One	\$15.32
• Employee + Family	\$0	• Employee + Family	\$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. 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. 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.