

## VISION PLANS

### The CSU's Vision Service Plan (VSP)—Basic and Premier

#### Vision Service Plan (VSP)

The CSU automatically provides the Basic plan for eligible employees and their families at no cost to the employee. Employees also have the option to upgrade to the Premier plan for a small monthly fee.

For additional information, visit [csuactives.vspforme.com](http://csuactives.vspforme.com) or call (800) 400-4569.



### Overview of the Basic and Premier Vision Plans

Eye exams are an important part of overall health care for the entire family. The Vision Benefits Summary on the next page may help you decide which plan best fits the needs of you and your family.

The VSP offers a large network of contracting providers, including optometrists and ophthalmologists. When a contracting network provider is used, the care is considered “in-network.” Out-of-pocket costs will be less, and the highest level of benefits is received. If a provider outside the network is used, the care is considered “out-of-network.” Coverage is still provided, but the out-of-pocket costs will be significantly higher.

### Which Plan Is Right for You?

The plans utilize the VSP network of providers, but your out-of-pocket costs associated with the plans will vary.

The best vision plan for you depends on several factors:

- What are your anticipated vision expenses for 2022?
- What can you afford to pay out of pocket (in terms of copayments) when vision care is needed?
- Do you have other vision insurance?

### Premier Plan Eligibility

Eligibility requirements are the same across all plans (health, dental and vision) and defined in this guide under eligibility. However, unlike with health and dental, the Premier Plan requires all dependents to also be enrolled in the Premier Plan coverage or they will lose their Basic vision coverage. You cannot enroll in the Basic and Premier vision plans at the same time or split enrollments by leaving any dependents in the Basic vision plan.

### Monthly Cost of Coverage

Enrolled Employee and Eligible Dependents	Basic Plan	Premier Plan
Employee Only	\$0	\$4.11
Employee + One	\$0	\$15.32
Employee + Family	\$0	\$28.99

# Your VSP Vision Benefits Summary

## EMPLOYEE COVERAGE FOR CSU

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

**Premier Plan:** Choice

### Coverage with a VSP Provider—Basic Plan

Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10
<b>Prescription Glasses</b>		
Frame	<ul style="list-style-type: none"> <li>\$110 allowance for a wide selection of frames</li> <li>\$130 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every other calendar year</li> </ul>	\$0
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every other calendar year**</li> </ul>	
Lens Enhancements	<ul style="list-style-type: none"> <li>UV protection</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20–25% on other lens enhancements</li> <li>Every other calendar year</li> </ul>	\$0 \$55 \$95-\$105 \$150-\$175
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every other calendar year</li> </ul>	\$0

### Coverage with a VSP Provider—Premier Plan

Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10
<b>Prescription Glasses \$0</b>		
Frame	<ul style="list-style-type: none"> <li>\$210 allowance for a wide selection of frames</li> <li>\$230 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$115 Costco® frame allowance</li> <li>Every calendar year</li> </ul>	\$0
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	
Lens Enhancements	<ul style="list-style-type: none"> <li>UV protection</li> <li>Tinted lenses</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$0 \$95-\$105 \$150-\$175
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$200 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	\$0

Computer Vision Care (Employee-only)	<ul style="list-style-type: none"> <li>Evaluates your vision needs related to computer use</li> <li>\$95 allowance for a wide selection of frames</li> <li>Single vision, lined bifocal, lined trifocal and occupational lenses</li> <li>Every other calendar year**</li> </ul>	\$10
VSP Primary Eye Care Plan	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes.</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnosis of eye conditions like pink eye, vision loss, and cataracts available for all members.</li> <li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 \$20 per exam
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam.</li> </ul>	
	Retinal Screening <ul style="list-style-type: none"> <li>Pay no more than \$39 for a routine retinal screening as an enhancement to your WellVision Exam.</li> </ul>	
	Laser Vision Correction <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>	

### Monthly Contribution—Basic Plan

Employee Only \$0	Employee + One \$0	Employee + Family \$0
-------------------	--------------------	-----------------------

### Monthly Contribution—Premier Plan

Employee Only \$4.11	Employee + One \$15.32	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 or not apply. Log in to [vsp.com](http://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.

©2021 Vision Service Plan. All rights reserved.

VSP, VSP Vision care for life, Eyeconic, and WellVision Exam are registered trademarks, and VSP Primary EyeCare Plan is a service mark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 92963 VCEE

**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
<b>BASIC PLAN Coverage with a VSP Provider</b>			<b>PREMIER PLAN Coverage with a VSP Provider</b>		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10	<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10
<b>PRESCRIPTION GLASSES</b>			<b>PRESCRIPTION GLASSES</b>		
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$110 allowance for a wide selection of frames</li> <li>\$130 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every other calendar year</li> </ul>	\$0	<b>Frame</b>	<ul style="list-style-type: none"> <li>\$210 allowance for a wide selection of frames</li> <li>\$230 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$115 Costco® frame allowance</li> <li>Every calendar year</li> </ul>	\$0
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every other calendar year**</li> </ul>		<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>UV protection</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every other calendar year</li> </ul>	\$0 \$55 \$95 - \$105 \$150 - \$175	<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>UV protection</li> <li>Tinted lenses</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$0 \$95 - \$105 \$150 - \$175
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every other calendar year**</li> </ul>	\$0	<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	\$0
<b>COMPUTER VISION CARE (Employee-only)</b>	<ul style="list-style-type: none"> <li>Evaluates your vision needs related to computer use</li> <li>\$95 allowance for a wide selection of frames</li> <li>Single vision, lined bifocal, lined trifocal and occupational lenses</li> <li>Every other calendar year**</li> </ul>				\$10
<b>VSP PRIMARY EYECARE PLAN™</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes.</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnosis of eye conditions like pink eye, vision loss, and cataracts available for all members.</li> <li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>				\$0 \$20 per exam
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam.</li> </ul>				
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>Pay no more than \$39 for a routine retinal screening as an enhancement to your WellVision Exam.</li> </ul>				
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>				
<b>YOUR MONTHLY PREMIUM</b>					
<ul style="list-style-type: none"> <li>Employee Only</li> <li>Employee + One</li> <li>Employee + Family</li> </ul>		\$0 \$0 \$0	<ul style="list-style-type: none"> <li>Employee Only</li> <li>Employee + One</li> <li>Employee + Family</li> </ul>		\$4.11 \$15.32 \$28.99
<b>YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS</b>					
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 <a href="http://vsp.com">vsp.com</a> 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.