

## 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:**  
01/01/2023

BENEFIT	DESCRIPTION	COPAY
<b>BASIC PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal imaging</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$130 Featured Frame Brands allowance</li> <li>\$110 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every other 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>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>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>VSP LIGHTCARE™***</b>	<ul style="list-style-type: none"> <li>\$110 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every other calendar year</li> </ul>	\$0

BENEFIT	DESCRIPTION	COPAY
<b>PREMIER PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal imaging</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		
<b>FRAME***</b>	<ul style="list-style-type: none"> <li>\$230 Featured Frame Brands allowance</li> <li>\$210 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$115 Walmart/Sam's Club/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 calendar year</li> </ul>	
<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>\$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>VSP LIGHTCARE™***</b>	<ul style="list-style-type: none"> <li>\$210 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every calendar year</li> </ul>	\$0

<b>VSP COMPUTER VISIONCARE™ PLAN (EMPLOYEE-ONLY COVERAGE)</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>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b>	<ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>
	<b>Laser Vision Correction</b>	<ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>
	<b>Exclusive Member Extras</b>	<ul style="list-style-type: none"> <li>Save up to 60% on digital hearing aids with TruHearing. Visit <a href="http://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.</li> </ul>

†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.

\*\*\*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.

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Classification: Restricted