

Life is
better
in focus.™



Get the best in eye care and eyewear with VSP® Vision Care for CSU Active Employees and their Eligible Dependents.



Why enroll in the Premier Plan? When you choose Premier, you'll enjoy enhanced benefits, like a \$200 allowance for frames or contacts, every year. As an employee, you don't have to take action to remain enrolled in the Basic Plan.

You'll like what you see with VSP

- **High Quality Vision Care.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP network doctor.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more! Visit vsp.com to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's online eyewear store.

Save with Premier Plan coverage.	With Basic Coverage	With Premier Coverage
Eye Exam	\$10	\$10
Frame (\$200)	\$105	\$0
Bifocal Lenses		
Standard Progressive Lenses	\$55	\$0
Anti-reflective Coating	\$69	\$69
Member Only Annual Contribution	N/A	\$51.96
Total	\$239	\$130.96

Comparison based on national averages for comprehensive eye exams and most commonly purchased brands.

NOTE: Dollar amounts in the savings chart are estimates and don't reflect additional discounts from current VSP offers and promotions.

Additional Annual Savings with the Premier Plan: \$108.04

Enroll in Premier, by returning the enclosed form.
Contact us 800.400.4569.

Active Employees

Your VSP Vision Benefits Summary

VSP Vision Care for CSU Active Employees and their Eligible Dependents

VSP Provider Network: VSP Advantage

Basic Plan		
Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
Prescription Glasses		\$0
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 	Included in prescription glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every other calendar year* 	Included in prescription glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% savings 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 a contact lens exam (fitting and evaluation) Every other calendar year 	\$0

VSP Provider Network: VSP Choice

Premier Plan (Enhanced Coverage)		
Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
Prescription Glasses		\$0
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 allowance at Costco® Every calendar year 	Included in prescription glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in prescription glasses
Lens Enhancements	<ul style="list-style-type: none"> Tinted lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% savings 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
Extra Savings	Retinal Screening <ul style="list-style-type: none"> Pay no more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 	

Computer Vision Care (Employee-only Coverage)		
Computer Vision Exam	<ul style="list-style-type: none"> Evaluates your vision needs related to computer use Every other calendar year 	\$10 for exam
Frame	<ul style="list-style-type: none"> \$95 allowance for a wide selection of frames Every other calendar year 	Combined with exam
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and occupational lenses Every other calendar year 	Combined with exam
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last 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 at contracted facilities. 	

Monthly Contribution for the Basic Plan				Monthly Contribution for the Premier Plan							
Member Only	\$0. ⁰⁰	Member + 1	\$0. ⁰⁰	Member + Family	\$0. ⁰⁰	Member Only	\$4. ³³	Member + 1	\$16. ¹³	Member + Family	\$30. ⁵²

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam..... up to \$50	Single Vision Lenses..... up to \$45	Lined Trifocal Lenses..... up to \$85	Contacts..... Up to \$110
Frame..... up to \$60	Lined Bifocal Lenses..... up to \$65	Progressive Lenses..... up to \$85	

Coverage with a participating 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.

Contact us [800.400.4569](tel:8004004569).

1. Brands/Promotion subject to change.

*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.

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