

Life is  
better  
in focus.™



**Get the best in eye care and eyewear with VSP® Vision Care for CSU FERP 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.**

- **Value and Savings.** 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](http://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](http://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](http://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](http://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
<b>Total</b>	<b>\$239</b>	<b>\$130.96</b>

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.

**FERP Employees**

# Your VSP Vision Benefits Summary

## VSP Vision Care for CSU FERP Employees and their eligible dependents

### VSP Provider Network: VSP Advantage

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>		\$0
Frame	<ul style="list-style-type: none"> <li>\$95 allowance for a wide selection of frames</li> <li>\$115 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every other calendar year</li> </ul>	Included in prescription glasses
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every other calendar year*</li> </ul>	Included in prescription glasses
Lens Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 20-25% savings on other lens enhancements</li> <li>Every other calendar year</li> </ul>	\$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

### VSP Provider Network: VSP Choice

Premier Plan (Enhanced Coverage)		
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>		\$0
Frame	<ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$220 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$110 allowance at Costco®</li> <li>Every calendar year</li> </ul>	Included in prescription glasses
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in prescription glasses
Lens Enhancements	<ul style="list-style-type: none"> <li>Tinted lenses</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 20-25% savings on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$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
Extra Savings	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>Pay no more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>	

### Computer Vision Care (Employee-only Coverage)

Computer Vision Exam	<ul style="list-style-type: none"> <li>Evaluates your vision needs related to computer use</li> <li>Every other calendar year</li> </ul>	\$10 for exam
Frame	<ul style="list-style-type: none"> <li>\$95 allowance for a wide selection of frames</li> <li>Every other calendar year</li> </ul>	Combined with exam
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> <li>Every other calendar year</li> </ul>	Combined with exam
Extra Savings	<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/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any 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 15% off the regular price or 5% off the promotional price; discounts only available at contracted facilities.</li> </ul>	

### Monthly Contribution for the Basic Plan

Member Only	\$0. <sup>00</sup>	Member + 1	\$0. <sup>00</sup>	Member + Family	\$0. <sup>00</sup>
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### Monthly Contribution for the Premier Plan

Member Only	\$4. <sup>33</sup>	Member + 1	\$16. <sup>13</sup>	Member + Family	\$30. <sup>52</sup>
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### Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://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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