

Life is
better
in focus.™



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



Why enroll with VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

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 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 VSP coverage.	Without VSP Coverage	With Premier Coverage
Eye Exam	\$168	\$10
Frame	\$200	\$0
Bifocal Lenses	\$150	\$0
Standard Progressive Lenses	\$98	\$0
Anti-reflective Coating	\$114	\$69
Retiree Only Annual Contribution	N/A	\$188.16
Total	\$730	\$267.16

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.

Average Annual Savings with the Premier Plan: \$462.84

Enroll in VSP, by returning the enclosed form
Contact us 800.400.4569

Retirees

Your VSP Vision Benefits Summary

VSP Vision Care for CSU Retirees 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 on 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 \$155 - \$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; copay does not apply 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 	

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				Monthly Contribution							
Retiree Only	\$5. ²⁶	Retiree + 1	\$9. ⁷⁶	Retiree + Family	\$10. ⁴⁷	Retiree Only	\$15. ⁶⁸	Retiree + 1	\$29. ⁴³	Retiree + Family	\$31. ⁵⁹

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**.

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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