With VSP and the California State University, your health comes first.

As a VSP® member, you get access to savings and personalized vision care from a VSP network doctor for you and your family.

**Value and savings you love.**
Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over $3,000 in savings.

**Provider choices you want.**
Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks® retail locations nationwide.

**Shop online and connect your benefits.**
Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

**Quality vision care you need.**
You’ll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

**More Ways to Save**

Extra $20 to spend on Featured Frame Brands* + [UP TO 40% SAVINGS ON LENS ENHANCEMENTS**](https://vsp.com/offers)

See all brands and offers at vsp.com/offers.

Questions?
Contact us: 800.400.4569 or csuretirees.vspforme.com
Retiree Coverage for California State University
CSU and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

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<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td><strong>BASIC PLAN</strong> Coverage with a VSP Provider</td>
<td><strong>WELLVISION EXAM</strong>&lt;br&gt;• Focuses on your eyes and overall wellness&lt;br&gt;• Routine retinal imaging&lt;br&gt;• Every calendar year</td>
<td>$10 Up to $39</td>
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<td><strong>ESSENTIAL MEDICAL EYE CARE</strong>&lt;br&gt;• Retinal imaging for members with diabetes covered-in-full&lt;br&gt;• 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.&lt;br&gt;• Coordination with your medical coverage may apply. Ask your VSP network doctor for details.&lt;br&gt;• Available as needed</td>
<td>$20 per exam</td>
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<td><strong>PRESCRIPTION GLASSES</strong>&lt;br&gt;• $130 Featured Frame Brands allowance&lt;br&gt;• $110 frame allowance&lt;br&gt;• 20% savings on the amount over your allowance&lt;br&gt;• $60 Walmart/Sam’s Club/Costco frame allowance&lt;br&gt;• Every other calendar year</td>
<td>$0</td>
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<td><strong>LENSES</strong>&lt;br&gt;• Single vision, lined bifocal, and lined trifocal lenses&lt;br&gt;• Impact-resistant lenses for dependent children&lt;br&gt;• Every other calendar year&lt;sup&gt;†&lt;/sup&gt;</td>
<td>$0</td>
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<td><strong>LENSES ENHANCEMENTS</strong>&lt;br&gt;• UV protection&lt;br&gt;• Standard progressive lenses&lt;br&gt;• Premium progressive lenses&lt;br&gt;• Custom progressive lenses&lt;br&gt;• Average savings of 20–25% on other lens enhancements&lt;br&gt;• Every other calendar year</td>
<td>$0 – $105 $150 – $175</td>
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<td><strong>CONTACTS (INSTEAD OF GLASSES)</strong>&lt;br&gt;• $120 allowance for contacts and contact lens exam (fitting and evaluation)&lt;br&gt;• 15% savings on a contact lens exam (fitting and evaluation)&lt;br&gt;• Every other calendar year&lt;sup&gt;†&lt;/sup&gt;</td>
<td>$0</td>
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<td><strong>VSP LIGHTCARE</strong>*&lt;br&gt;• $10 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts&lt;br&gt;• Every other calendar year</td>
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**EXTRA SAVINGS**
Glasses and Sunglasses
• Discover all current eyewear offers and savings at vsp.com/offers.
• 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.

Laser Vision Correction
• Average of 15% off the regular price; discounts available at contracted facilities.

Exclusive Member Extras
• Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details.
• Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.
• Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.

**PREMIER PLAN** Coverage with a VSP Provider

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<td><strong>PRESCRIPTION GLASSES</strong>&lt;br&gt;• $230 Featured Frame Brands allowance&lt;br&gt;• $210 frame allowance&lt;br&gt;• 20% savings on the amount over your allowance&lt;br&gt;• $115 Walmart/Sam’s Club/Costco frame allowance&lt;br&gt;• Every calendar year</td>
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<td></td>
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<td><strong>LENSES ENHANCEMENTS</strong>&lt;br&gt;• UV protection&lt;br&gt;• Tinted lenses&lt;br&gt;• Standard progressive lenses&lt;br&gt;• Premium progressive lenses&lt;br&gt;• Custom progressive lenses&lt;br&gt;• Average savings of 30% on other lens enhancements&lt;br&gt;• Every calendar year</td>
<td>$0 $0 $0 $95 – $105 $150 – $175</td>
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<td><strong>CONTACTS (INSTEAD OF GLASSES)</strong>&lt;br&gt;• $200 allowance for contacts and contact lens exam (fitting and evaluation)&lt;br&gt;• 15% savings on a contact lens exam (fitting and evaluation)&lt;br&gt;• Every calendar year</td>
<td>$0</td>
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<td><strong>VSP LIGHTCARE</strong>*&lt;br&gt;• $210 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts&lt;br&gt;• Every calendar year</td>
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*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.

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