

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

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.

Save with Premier Plan coverage.	With Basic Coverage	With Premier Coverage	
Eye Exam	\$10	\$10	
Frame (\$200)	¢105	0.0	
Bifocal Lenses	\$105 \$0		
Standard Progressive Lenses	\$55	<b>\$</b> O	
Anti-reflective Coating	\$69	\$69	
Member Only Annual Contribution	N/A	\$51.96	
Total	\$239	\$130.96	

Additional Annual Savings with

the Premier Plan: \$108.04

comprehensive eye exams and most commonly purchased brands.

Comparison based on national averages for

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

### 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.

## **Your VSP Vision Benefits Summary**

#### **VSP Vision Care for CSU Active Employees**

Open Enrollment: 9/11/2017 - 10/6/2017

Effective Date: 1/1/2018

VSP Provider Network: VSP Advantage

Basic Plan				
Benefit	Description	Copay		
WellVision Exam	Focuses on your eyes and overall wellness     Every calendar year	\$10		
Prescription Gla	\$0			

VSP Provider Network: VSP Choice

Premier Plan (Enhanced Coverage)				
Benefit	Description	Copay		
WellVision Exam	Focuses on your eyes and overall wellness     Every calendar year	\$10		
Prescription 6	\$0			

	Every caleridar year	
Prescription Gla	\$0	
Frame	<ul> <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> <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	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)	\$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

Exam	Every calendar year	
Prescription Gla	\$0	
Frame	\$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> <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	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> <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>	\$O
Extra Savings	Retinal Screening 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> <li>Evaluates your vision needs related to computer use</li> <li>Every other calendar year</li> </ul>					\$10 for exam		
Frame	• \$95 allowance for a wide selection of frames • Every other calendar year					Combined with exam		
Lenses	<ul> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> <li>Every other calendar year</li> </ul>					Combined with exam		
Extra Savings	Glasses and Sunglasses  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  • Average 15% off the regular price or 5% off the promotional price; discounts only available at contracted facilitites.					es.			
Monthly Contribution for the Basic Plan  Monthly Contribution for the Premier Plan								
Member Only	<b>\$0.</b> 00 Member + 1	<b>\$0.</b> 00	Member + Family	<b>\$0.</b> 00	Member Only	<b>\$4.</b> <sup>33</sup> Membe	\$16. <sup>13</sup>	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 Visi	on Lensesup	to \$45	Lined Trifocal L	ensesup to \$	885 Contacts	Up to \$110

#### Contact us 800.400.4569. I csuactives.vspforme.com

... 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.

<sup>1.</sup> Brands/Promotion subject to change.

<sup>\*</sup>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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