

# Your VSP Vision Benefits Summary

## VSP Vision Care for CSU Active Employees

Effective Date: 1/1/2019  
 Open Enrollment: 9/10/2018 - 10/5/2018  
 No action needed to have Basic Coverage

### 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
<b>Contacts (instead of glasses)</b>	<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
<b>Contacts (instead of glasses)</b>	<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
<b>Extra Savings</b>	<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

<b>Extra Savings</b>	<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		
Member Only	\$0. <sup>00</sup>	Member + Family \$0. <sup>00</sup>

Monthly Contribution			
Member Only	\$4. <sup>33</sup>	Member + Family	\$16. <sup>13</sup>
		Member + Family	\$30. <sup>52</sup>

### 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. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us **800.400.4569**. | [csuactives.vspforme.com](http://csuactives.vspforme.com)

1. Brands/Promotion subject to change. 2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details. \*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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