

VISION PLANS

The California State University's Vision Service Plan (VSP)—Basic and Premier

Vision Service Plan (VSP)

The CSU automatically provides the Basic plan for eligible employees and their families at no cost to the employee. Employees also have the option to upgrade to the Premier plan for a small monthly fee.



Vision Plan Overview Basic and Premier Plans

Eye exams are an important part of overall health care for the entire family. The Vision Benefits Summary on the next page may help you decide which plan best fits the needs of you and your family.

The VSP offers a large network of contracting providers, including optometrists and ophthalmologists. When a contracting network provider is used, the care is considered "in-network." Out-of-pocket costs will be less, and the highest level of benefits is received. If a provider outside the network is used, the care is considered "out-of-network." Coverage is still provided, but the out-of-pocket costs will be significantly higher.

Which Plan Is Right for You?

The plans utilize the VSP network of providers, but your out-of-pocket costs associated with the plans will vary. Use the Summary to determine which plan suits your vision needs.

The best vision plan for you depends on several factors:

- What are your anticipated vision expenses for 2021?
- What can you afford to pay out of pocket (in terms of copayments) when vision care is needed?
- Do you have other vision insurance?

Premier Plan Eligibility

Eligibility requirements are the same across all plans (health, dental and vision) and defined in this guide under Eligibility. However, unlike with health and dental, the Premier Plan requires all dependents to also be enrolled in the Premier Plan coverage or they will lose their Basic vision coverage. You cannot enroll in the Basic and Premier vision plans at the same time or split enrollments by leaving any dependents in the Basic vision plan.

Monthly Cost of Coverage

Enrolled Employee and Eligible Dependents	Basic Plan	Premier Plan
Employee Only	\$0	\$4.11
Employee + One	\$0	\$15.32
Employee + Family	\$0	\$28.99

For more information, please visit csuactives.vspforme.com or call (800) 400-4569.

Your VSP Vision Benefits Summary

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 for 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 \$150-\$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

Monthly Contribution—Basic Plan

Employee Only \$0 | Employee + One \$0 | Employee + Family \$0

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	Lined trifocal lenses up to \$85
Frame up to \$60	Progressive lenses up to \$85
Single-vision lenses up to \$45	Contacts up to \$110
Lined bifocal lenses up to \$65	

Coverage with a participating retail chain may be different. Once your benefit is effective, visit 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.

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 and contact lens exam (fitting and evaluation) 15% savings on a 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 	

Monthly Contribution—Premier Plan

Employee Only \$4.11 | Employee + One \$15.32 | Employee + Family \$28.99

Computer Vision Care (Employee Only)

Computer Vision Exam	<ul style="list-style-type: none"> Evaluates your vision needs related to computer use Every other calendar year 	\$10 for exam
Frame	<ul style="list-style-type: none"> \$95 allowance for a wide selection of frames Every other calendar year 	Combined with exam
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal and occupational lenses Every other calendar year 	Combined with 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. 	

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.