

Life is  
better  
in focus.™



## Get access to the best in eye care and eyewear with VSP® Vision Care for CSU Retirees.

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 low out-of-pocket costs.



### You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the low 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.

### Using your VSP benefit is easy.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit [vsp.com](http://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](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

### 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.<sup>1</sup> Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's preferred online eyewear store.

Save with VSP coverage.	Without VSP Coverage	With Premier Coverage
Eye Exam	\$171	\$10
Frame	\$200	\$0
Bifocal Lenses	\$150	\$0
Standard Progressive Lenses	\$98	\$0
Anti-reflective Coating	\$115	\$69
Retiree Only Annual Contribution	N/A	\$188.16
<b>Total</b>	<b>\$734</b>	<b>\$267.16</b>

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: \$466.84**

Enroll today. You'll be glad you did. Contact us  
800.400.4569 | [csuretires.vspforme.com](http://csuretires.vspforme.com)

Retirees

# Your VSP Vision Benefits Summary

## VSP Vision Care for CSU Retirees

### 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 on 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 \$155 - \$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		
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; copay does not apply</li> <li>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>	

<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				Monthly Contribution							
Retiree Only	\$5. <sup>26</sup>	Retiree + 1	\$9. <sup>76</sup>	Retiree + Family	\$10. <sup>47</sup>	Retiree Only	\$15. <sup>68</sup>	Retiree + 1	\$29. <sup>43</sup>	Retiree + Family	\$31. <sup>59</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](tel:800.400.4569). | [csuretirees.vspforme.com](http://csuretirees.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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