

# A LOOK AT YOUR VSP VISION COVERAGE



## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM THE STATE OF CALIFORNIA AND VSP.



As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

### 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 for additional savings.

### PROVIDER CHOICES YOU WANT.



Visionworks

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks® retail locations nationwide.

**Prefer to shop online?** Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

### QUALITY VISION CARE YOU NEED.



You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

### LOOK INTO THE VSP PREMIER PLAN!

Upgrade your plan to enjoy a higher allowance for glasses or contacts. Plus, get additional coverage for lens enhancements. See the back page for details.

## GET YOUR PERFECT PAIR

# EXTRA \$20

TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://www.vsp.com/offers).

UP  
TO **40%**  
SAVINGS ON LENS  
ENHANCEMENTS



## Questions?

Contact us: **800.400.4569** or [stateofcaretiree.vspforme.com](https://stateofcaretiree.vspforme.com)

## RETIREE COVERAGE UNDER THE STATE OF CALIFORNIA

The State of California and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials with the Basic Plan, or upgrade to the Premier Plan to give your eyes extra love.

### PROVIDER NETWORK:

Basic Plan: Advantage

Premier Plan: Choice

### EFFECTIVE DATE:

1/1/2022



Benefit	Description	Copay	Benefit	Description	Copay
<b>BASIC PLAN</b> Coverage with a VSP Provider			<b>PREMIER PLAN</b> Coverage with a VSP Provider		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10	<b>WellVision Exam</b>	<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>			<b>PRESCRIPTION GLASSES</b>		
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> <li>Every calendar year</li> </ul>	\$25	<b>Frame</b>	<ul style="list-style-type: none"> <li>\$250 allowance for a wide selection of frames</li> <li>\$270 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$135 Costco frame allowance</li> <li>Every calendar year</li> </ul>	\$10
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>		<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Light-reactive lenses</li> <li>Impact-resistant lenses for adults</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$31 - \$35 \$55 \$95 - \$105 \$150 - \$175	<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Light-reactive lenses</li> <li>Impact-resistant lenses for adults</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$15 \$0 \$40 - \$50 \$95 - \$120
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$110 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	\$0	<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 contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	\$0
<b>VSP PRIMARY EYECARE PLAN<sup>SM</sup></b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes.</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnosis of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li> <li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>				\$0 \$5 per exam
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your WellVision Exam.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>				
<b>YOUR MONTHLY PREMIUM</b>					
<ul style="list-style-type: none"> <li>Retiree Only</li> <li>Retiree + One</li> <li>Retiree + Family</li> </ul>	\$5.82 \$11.18 \$12.03	<ul style="list-style-type: none"> <li>Retiree Only</li> <li>Retiree + One</li> <li>Retiree + Family</li> </ul>	\$15.55 \$30.66 \$33.34		

**YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS**

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

\*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.

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Classification: Restricted