2026 Retiree Vision Handbook

The California Department of Human Resources (CalHR) and VSP Vision Care prepared this vision benefits handbook to provide general information regarding state-sponsored vision coverage for State of California retirees and their eligible dependents.

The state-sponsored vision benefit provides vision care coverage for eligible retirees and their eligible dependents. Your vision benefit is being provided by VSP® Vision Care.

Information in this handbook is supplied solely to provide general information regarding eligibility and enrollment and to assist you in comparing vision plan options. This handbook has no legal force or effect; the contracts between the State of California and the vision plan carrier control any discrepancy between the information contained herein and actual vision plan benefits.

CalHR

The CalHR Benefits Division administers the State of California's vision program. CalHR secures and administers contracts with VSP to provide benefits to active state employees, retirees, and their dependents. CalHR is also responsible for communicating policies and procedures regarding vision eligibility and enrollment, coordinating vision Open Enrollment periods, and providing information, guidance, and training to departmental personnel offices on issues relating to the state's vision program.

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Vision Benefits Eligibility

Retiree Eligibility

As a State of California retiree, you are eligible to enroll in the state's Retiree Vision Program, which is offered through Vision Service Plan (VSP). The Retiree Vision Program provides coverage for you and your eligible dependents.

Surviving Spouse: Surviving spouses are eligible to enroll as the member under their own ID number. The survivor will need to complete the CalHR 695 enrollment form and return the form to VSP.

Dependent Eligibility

You may also enroll eligible dependents in your vision plan. Eligible dependents include:

1. Your spouse or registered domestic partner. A Dependent Eligibility Verification Checklist (CalHR 781) with required documents must be provided when a spouse or registered domestic partner is initially enrolled. These documents are maintained, along with the vision enrollment materials, in your former department's personnel file.

2. A dependent child. Children under the age of 26 are eligible for enrollment. Children may include your birth children, adopted children or children placed for adoption, stepchildren, children of a registered domestic partner, and other children living in the household who are in a parent-child relationship with you. A Dependent Eligibility Verification Checklist (CalHR 781) with required documents must be submitted with the enrollment form.
   Note: A "parent-child relationship" is established when you intentionally assume parental status or duties over a child who is not your adopted, step, or recognized natural child and meets specific enrollment criteria. To enroll a child in a parent-child relationship, you will also need to complete an Affidavit of Parent-Child Relationship (CalHR 025).

3. Disabled children. A child may continue to be enrolled in coverage beyond the age of 26 if they are incapable of self-sustaining employment due to mental incapacity or physical disability. Medical proof of such incapacity and dependency must be provided to VSP within 31 days of continued coverage and may be requested annually thereafter.

Loss of Eligibility

When a family member or other dependent ceases to be eligible, they must be removed from your coverage. It is your responsibility to notify your former departmental personnel office of any changes to your dependent eligibility by submitting a Retiree Vision Enrollment Form (CalHR 695) within 60 days of the permitting event date to ensure accurate deductions. You will be liable for any expenses incurred after this person loses eligibility. Coverage for newly ineligible dependents will terminate the last day of the month in which the event occurred. You can find a listing of eligible dependents under the Dependent Eligibility section above.

The following are examples of events that will cause a family member or dependent to lose eligibility for vision coverage through the state:

- A child turning 26.
- A final divorce decree is granted.
- A domestic partnership is terminated.

If you have questions about your eligibility for vision benefits through the state or about the eligibility of a dependent, contact your former departmental personnel office.

Enrollment and Effective Dates

Eligible State of California retirees have access to quality vision plans with enrollment opportunities as a newly eligible retiree and during the state's annual Open Enrollment period.

Newly Eligible Retirees

New retirees who are eligible for vision benefits through the state have the option of continuing your current vision coverage through COBRA for 18 months, or you can choose to enroll in the Basic Vision Plan or the Premier Vision Plan option.

New retirees who wish to enroll in one of the state's sponsored vision plans must do so within 60 days of their retirement date. The retiree must complete a Retiree Vision Enrollment Form (CalHR 695) which also must be signed by your former departmental personnel office. Your Retiree Vision Plan coverage will be effective the first of the month following the end of your coverage as an active state employee. Contact VSP at **800.400.4569** for additional information regarding your enrollment and/or effective date of coverage.

If you or your eligible dependents wish to continue enrollment through COBRA, you must complete CalHR 695 and elect COBRA continuation coverage and send the completed form to your former departmental personnel office for processing.

Contact your former departmental personnel office for additional information regarding your enrollment and/or effective date of coverage.

Open Enrollment

Each year, an Open Enrollment period is held to allow eligible state retirees to enroll in one of the state-sponsored Retiree Vision Plans, cancel coverage, and add or remove eligible dependents from the Retiree Vision Plan without first experiencing a qualifying life event.

While Open Enrollment dates vary each year, it is typically held in the fall, with changes effective the first of the following year. Retirees will be notified of Open Enrollment dates prior to the start of Open Enrollment.

CalHR coordinates Open Enrollment in cooperation with the State Controller's Office (SCO) and the California Public Employees' Retirement System (CalPERS).

Cancelling Your Vision Coverage

Retirees cannot cancel their coverage mid-year unless they experience a qualifying life event. If you'd like to cancel your coverage, you can do so during the next Open Enrollment period once you have met the 12-month minimum enrollment requirement.

If you experience a qualifying life event, you must report it to VSP on a Retiree Vision Plan Enrollment Form (CalHR 695) within 60 days of the permitting date and meet the 12-month minimum enrollment requirement.

If service is being rendered to you as of the termination date of this coverage, such service shall be continued to completion, but in no event beyond six months after the termination date of the contract. VSP reserves the right to reject any and all claims for services or benefits which are filed more than 180 after completion of services.

Making Changes

Mid-year changes are allowed only with a qualifying life event such as a marriage, birth of a child, adoption, legal guardian change, disabled dependent certification, or divorce. Qualifying/permitting events must be reported within 60 days of the permitting date. All permitting event changes must be submitted to VSP on a Retiree Vision Plan Enrollment Form (CalHR 695), no exceptions. This form is supplied and signed off by the retiree's former departmental personnel office. All forms must have section D filled out by the agency, otherwise they will not be processed.

Instructions on how to submit the form are outlined on the form. Once the CalHR 695 Form is received by VSP, the qualifying/permitting event changes will be made effective as of the next deduction cycle.

Terms of Enrollment

Retirees enrolling into this program will be restricted to maintaining enrollment for a minimum period of 12 months. Length of enrollment may be greater depending upon when you enroll into the plan. A plan year runs from January 1 of any year through December 31 of the same calendar year. Employees retiring and enrolling into this program will be restricted to maintaining their enrollment for the balance of the plan year in which they enroll and must maintain enrollment for twelve months in the following plan year unless a permitting event occurs to change their enrollment. The permitting event policy is established by the plan administrator, CalHR.

If a retiree elects to continue coverage through COBRA at the time of retirement, you may enroll in one of the state sponsored Retiree Vision Plans within 60 days of the COBRA termination date. Complete the State of California End of COBRA enrollment form and submit directly to VSP. You can email the form to stateofca@vsp.com, mail the form to: VSP TPA Client Services MS 229, PO BOX 997100 Sacramento, CA 95899 or fax the form to 916.389.8304.

Summary of Benefits

State of California retirees have access to quality vision coverage through VSP.

Retirees can choose to enroll in the Basic Vision Plan or the Premier Vision Plan upon their retirement, following their COBRA coverage end date, or during Open Enrollment. The Basic Vision Plan covers the essentials and Retirees can upgrade to the Premier Vision Plan for enhanced coverage. All plans provide coverage for eye care and eyewear. Use the chart below to learn more, or visit stateofcaretiree.vspforme.com to view plan details.

Plan Details	Basic Plan	Premier Plan
Eye Exam	• $10 copay or a $0 copay at VSP Premier Edge locations • One every calendar year	• $10 copay or a $0 copay at VSP Premier Edge locations • One every calendar year
Retinal Screening	• Up to a $39 copay or $0 copay at VSP Premier Edge locations • Every calendar year	• Up to a $39 copay or $0 copay at VSP Premier Edge locations • Every calendar year
Materials Copay	• $25 copay • Every calendar year	• $10 copay • Every calendar year
Frame*	• $150 frame allowance • $170 Featured Frame Brands** allowance • 20% savings on the amount over your allowance • $80 Walmart/Sam's Club/Costco frame allowance • One frame every calendar year	• $250 frame allowance • $270 Featured Frame Brands** allowance • 20% savings on the amount over your allowance • $135 Walmart/Sam's Club/Costco frame allowance • One frame every calendar year
Lenses	• Single-vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Included in materials copay • One set of lenses every calendar year	• Single-vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Included in materials copay • One set of lenses every calendar year

Plan Details	Basic Plan	Premier Plan
Lens Enhancements*	• Tints/Light-reactive lenses: $0 Copay • Impact-resistant lenses for adults: $35 copay • Standard progressive lenses: $55 copay • Premium progressive lenses: $95 - $105 copay • Custom progressive lenses: $150 - $175 copay • Average savings of 20-25% on other lens enhancements • Every calendar year	• Tints/Light-reactive lenses: $0 Copay • Impact-resistant lenses for adults: $15 copay • Standard progressive lenses: $0 copay • Premium progressive lenses: $40 - $50 copay • Custom progressive lenses: $95 - $120 copay • Average savings of 30% on other lens enhancements • Every calendar year
Contacts (Instead of Glasses)	• $110 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) • $0 copay • Every calendar year	• $200 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) • $0 copay • Every calendar year
Your Monthly Premium	$6.11 Retiree only $11.74 Retiree + one $12.63 Retiree + family	$16.33 Retiree only $32.19 Retiree + one $35.01 Retiree + family

*Coverage with a retail chain may be different or not apply.
**Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.
Chart reflects coverage with a VSP provider.

Monthly Premiums

Retirees are responsible for payment of the monthly premium to VSP. The cost of retiree premiums is deducted directly from your state retirement paycheck. When a retiree is newly enrolled in the Retiree Vision Program, the member will automatically receive 2-3 months of direct bills from VSP while CalPERS is setting up the automatic paycheck deductions. VSP directly bills retirees who have been identified by the state as "direct bill only." If you enroll during Open Enrollment, your premium will be deducted directly from your state retirement paycheck unless you have been identified by the state as "direct billed only." See enrollment materials or VSP Member Benefit Summary above for the monthly cost.

Additional Benefit Details

- Eye Exam: You are entitled to a comprehensive exam, including a complete analysis of the eyes and related structures to determine the presence of vision problems or other abnormalities.
- Retinal Screening: Coverage for retinal imaging as an enhancement to eye examination is covered once every calendar year; up to a $39 copay at a VSP network doctor or $0 copay at Premier Edge location.
- Lenses: The VSP network doctor will order the proper lenses necessary for your visual welfare. The provider shall verify the accuracy of the finished lenses.
- Frames: The VSP plan provides a frame allowance. The frame benefit provides you a choice to select a frame that fits your lifestyle. Therefore, if you choose a frame that exceeds the plan allowance, you will pay the difference. The VSP network doctor will assist in the selection of frames, properly fit and adjust the frames, and provide subsequent adjustments to maintain comfort and efficiency. VSP network doctors are required to offer a selection of frames that are fully covered under your VSP plan.

- Contact Lenses:

  - Elective Contact Lenses: The VSP plan provides an allowance toward the cost of the contact materials and lens exam (fitting and evaluation). The contacts will be in lieu of glasses. You are responsible for any costs exceeding this allowance.

  - Medically Necessary Contact Lenses: A VSP network doctor may prescribe medically necessary contact lenses for certain conditions. A VSP network doctor may need to receive prior approval from VSP for medically necessary contact lenses. When the VSP network doctor receives prior approval for such cases, they are fully covered by VSP, less any applicable copays and are in lieu of all benefits for that eligibility period.

- Low Vision-Limitations: The Low Vision benefit provides special aid for people who have severe visual problems that are not correctable with regular lenses. The treatment plan and charges must be approved by VSP prior to services being rendered. VSP network doctors have the forms to submit for approval. The covered person is required to pay 25% of the cost of approved Low Vision services. This benefit has a maximum of $1,000 (excluding copayments) every two years. Maximum includes supplementary testing. Low Vision benefits obtained from a non-VSP provider will be subject to the same limitations described above. The covered person will be required to pay the non-VSP provider in full and will be reimbursed in accordance with what VSP would pay a VSP network doctor for this benefit. VSP cannot guarantee the reimbursed amount will be within the 25% copayment required when services are obtained from a non-VSP provider.

- Essential Medical Eye Care (EMEC): The EMEC benefit provides medical and urgent eye care needs to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Retinal imaging is covered in full for members with diabetes. Coverage is available as needed. A $5 copay applies. Coordination with your medical coverage may apply. Ask your VSP network doctor for details.

Out-of-Network Coverage

VSP members get more when they stay in-network. If you elect to receive vision care services from a non-VSP provider, you will be reimbursed according to a reimbursement schedule. You must pay the non-VSP provider for all services and eyewear received at the time of your appointment. Visit the File a Claim section for details on how to submit an out-of-network claim for reimbursement.

Your plan provides the following out-of-network reimbursements:

Basic Vision Plan	Premier Vision Plan
Eye Exam: Up to $35	Eye Exam: Up to $45
Single Vision Lenses: Up to $25	Single Vision Lenses: Up to $30
Lined Bifocal Lenses: Up to $50	Lined Bifocal Lenses: Up to $50
Lined Trifocal Lenses: Up to $50	Lined Trifocal Lenses: Up to $65
Lenticular Lenses: Up to $100	Lenticular Lenses: Up to $100
Frames: Up to $40	Frames: Up to $70
Tints: Up to $5	Tints: Up to $5
Medically Necessary[+] Contact Lenses: Up to $250	Medically Necessary[+] Contact Lenses: Up to $250
Elective Contact Lenses: Up to $110	Elective Contact Lenses: Up to $105

[+]Determination of “medically necessary” versus “elective” contact lenses under the non-VSP reimbursement schedule will be consistent with VSP network doctor services.

Exclusions and Limitations

Your vision plan is designed to cover your visual needs rather than cosmetic eyewear. You may be required to pay additional costs for associated extras or on certain brands. Some frame brands may be unavailable to purchase or may be subject to additional limitations. To obtain details about exclusions, limitations, and frame brand availability, contact your VSP network doctor or call VSP Member Services at **800.400.4569**.

If you select any of the following extras, the plan will pay the basic cost of the allowed lenses and you will be required to pay any additional costs associated with these extras:

1. Optional cosmetic processes.
2. Anti-reflective coating.
3. Color coating.
4. Mirror coating.
5. Scratch coating.
6. Blended lenses.
7. Cosmetic lenses.
8. Laminated lenses.
9. Oversized lenses.
10. Polycarbonate lenses (except as noted elsewhere herein).
11. Progressive multifocal lenses (except as noted elsewhere herein).
12. UV (ultraviolet) protected lenses.
13. Certain limitations on low vision care.
14. A frame that costs more than the plan allowance.
15. Contact lenses (except as noted elsewhere herein).

The following services or eyewear are excluded under your plan:

1. Orthoptics or vision training and any associated supplemental testing.
2. Plano lenses (less than + .50 diopter power).
3. Two pairs of glasses in lieu of bifocals.
4. Replacement or repair of lost or broken lenses or frames prior to service eligibility.
5. Medical or surgical treatment of the eyes.
6. Services or eyewear covered under workers' compensation.
7. Eye exams required as a condition of employment.
8. Services or eyewear provided by any other group benefit vision care program.
9. Corrective vision treatment of an experimental nature.
10. Costs for services and/or materials above plan benefit allowances indicated on the enclosed insert.
11. Services/materials not indicated as covered plan benefits within this summary of benefits.

Your In-Network Options

Your coverage goes further in-network. With so many in-network choices, VSP makes it easy to get the most out of your benefit. You'll have access to private practice, retail, and online in-network choices.

Take full advantage of your vision benefits and visit a VSP Premier Edge™ location. Available to all VSP members—including Basic Plan and Premier Plan members—at no extra cost, you'll get exclusive rebates, advanced exam technology, a worry-free eyewear guarantee, and more when you visit a Premier Edge location, including private practice doctors and Visionworks®!

Prefer to shop online? Eyeconic® is the in-network online eyewear store for VSP members. Visit **eyeconic.com** to get started.

To find an in-network provider near you, visit **stateofcaretiree.vspforme.com**, log in to your member account, or contact VSP Member Services at **800.400.4569**.

How to Use Your VSP Benefits

Using your VSP vision benefits is easy!

1. First, find a VSP network doctor near you. Log in to your VSP member account to find an in-network provider near you, or visit **stateofcaretiree.vspforme.com** and click 'Maximize Your Benefits,' or call VSP at **800.400.4569** for assistance.

2. Call your VSP network doctor to schedule your appointment and let them know you have VSP coverage through the State of California. Your eye doctor may also ask for your full name and date of birth.

   Note: If you have dependents covered under your plan, they should provide the provider with your (the primary subscriber's) full name and date of birth to receive services.

3. Go to your appointment at your scheduled time. VSP will handle the rest! There are no claim forms to complete when you stay in-network. You will be responsible for any copays and out-of-pocket costs applicable at the time of your visit.

Coordination of Benefits

Covered persons with benefits coverage under two or more insurance plans that include vision care benefits may be eligible for Coordination of Benefits (COB). VSP will combine other insurance plans' claim payments or reimbursements, if any, with benefits available under the covered person's VSP plan, which may reduce or eliminate the covered person's out-of-pocket expense. Covered persons covered under more than one VSP plan may also be able to take advantage of COB.

Dual Coverage

A married enrollee whose spouse is also an enrollee under their own VSP plan may coordinate benefits between their respective VSP plans. Such "dual coverage" will be subject to the same procedures and limitations applicable to the coordination of benefits with non-VSP plans.

Eligible married state retirees or those with eligible domestic partners may co-cover each other under the state's vision program. This option also applies to their dependent children, including dependents of domestic partners. The procedure for coordination of dual coverage benefits will be available as follows:

a) Eligible married state retirees or those state retirees with eligible domestic partners can receive benefits under each other's plan and receive two pairs of eyeglasses subject to the independent deductibles and all other plan limitations. Dependent children can receive one pair of eyeglasses under either their father's or mother's plan, or both, subject to the deductible and plan limitations. In both instances, this provision applies to the active basic and retiree plans, as well as the Premier Vision Plan.

b) Eligible married state retirees or those state retirees with eligible domestic partners cannot use their secondary coverage to cover the cost of extras.

c) If an eligible retiree receives only one pair of eyeglasses, the deductible may be paid by the secondary coverage. To process claims involving COB, VSP may need to share personal information regarding covered persons with other parties (such as another insurance company). When necessary, VSP will only share such information with those persons or organizations with a legitimate interest in that information and only where such sharing is not prohibited by law.

A system limitation prevents the submission of dual coverage claims at retail locations such as Walmart, Sam's Club, and Costco. However, you may have the retail location submit the claim to VSP as in-network under the primary member's plan. You will pay any overage, then you will need to submit the claim as an out-of-network claim for a Coordination of Benefits (Dual) coverage reimbursement (applicable only if both plans provide in-network coverage at these retail locations).

Instructions for filing a Coordination of Benefits (Dual) coverage claim:

1. Create your VSP Member Account or log in to your account if you've already registered.
2. Go to **stateofcaretiree.vspforme.com** and log in with your username and password.
3. Click 'Benefits' from My Dashboard.
4. Click 'My Benefits' and scroll to the bottom.
5. Select 'Submit an Out-Of-Network Claim.'
6. Click 'Start New Claim.'
7. **In step 3** select 'Yes' when asked, "Is this request for the remaining balance of a claim with another insurance company?"
8. You will receive a pop-up instructing you to send a copy of the Explanation of Benefits from your primary insurance carrier; however, this is not required when **both** plans are with VSP.
9. Before you upload a copy of your receipt, simply write "COB" and add the primary member's name, date of birth, and their ID number for the other plan that you will be coordinating with. **Do not file the claim separately under both plans** or your reimbursement may be calculated incorrectly. Please contact VSP Member Services at **800.400.4569** if you need assistance.
10. The form will provide the remaining instructions for completing and submitting to our Claims Department.
11. Once received, VSP will reimburse the member up to the allowed amounts and a check will be issued and mailed to the member.

Filing an In-Network Claim

When you visit a VSP network provider, no claims forms are needed. Your VSP doctor will submit your information to VSP and we'll take care of the rest!

If you elect to receive vision care services from one of the VSP network doctors, covered services as described herein are provided with no additional out-of-pocket cost after any applicable copays. Additional services selected for cosmetic purposes will be the patient's responsibility. Selecting a VSP network doctor assures direct payment to the doctor and a guarantee of quality services.

Filing an Out-of-Network Claim for Reimbursement

If you elect to receive vision care services from a non-VSP provider, you will be reimbursed according to a reimbursement schedule. You must pay the non-VSP provider for all services and eyewear received at the time of your appointment.

You can submit an out-of-network claim for reimbursement online through your VSP member account or by contacting VSP Member Services at **800.400.4569** and requesting a reimbursement form.

When submitting a claim, you'll need:

1. Your completed claim form.
2. An itemized receipt that includes:
   - The name of the provider (example: doctor, office, website, or retailer).
   - The name of the patient who received services.
   - The date the service was received (for example, the date of the exam or the date materials were ordered).
   - A complete description of each service and the amount paid for each service.

To be reimbursed, you must submit your claim within six months of the date of services. If you submit your claim online, you can track its status from your VSP member account. If you are submitting a paper form, mail the completed form and supporting documentation to:

VSP
P.O. Box 495933
Cincinnati, OH 45249-5918

VSP will reimburse you in accordance with the reimbursement schedule outlined on page 12. There is no assurance that the reimbursement schedule will be sufficient to pay for the exam or eyewear, and VSP cannot guarantee patient satisfaction from an out-of-network provider.

Claims Appeal Procedures

VSP will notify you in writing if a claim is denied in whole or part and of the reason or reasons for the denial.

If you receive a denial, you may make a written or verbal request for review of such denial within 180 days of the receipt of the denial. You may address your request to VSP at the address or phone number below.

VSP Vision Care
Attn: Appeals Department
P.O. Box 2350
Rancho Cordova, CA 95741
800.400.4569

VSP will review the claim and give you the opportunity to review pertinent documents, submit any statements, documents, or written arguments in support of the claim, and appear personally to present materials or arguments. The determination of VSP, including specific reasons for the decision, shall be provided, and communicated to you in writing within 30 days after receipt of a request for review.

Complaints and Grievances

If you have a complaint or grievance regarding VSP service or claim payment, you may communicate your complaint or grievance to VSP by using a complaint form, which may be obtained by calling the VSP Member Services Department at **800.400.4569**.

The completed form should be sent to:

VSP Vision Care
Attn: VSP Complaints and Grievances
P.O. Box 2350
Sacramento, CA 95741

VSP shall acknowledge receipt of your grievance within five calendar days of receiving it. VSP shall also provide a written response to your grievances as required by VSP's licensing statute, the Knox-Keene Health Care Service Plan Act of 1975, as amended. There shall be no discrimination against a member on the basis of filing a complaint or grievance.

Survivor Benefits

Surviving Spouse: Surviving spouses are eligible to enroll as the member under their own ID number. The survivor will need to complete the CalHR 695 enrollment form and return the form to VSP.

After 120 days, your surviving dependent(s) will be eligible to continue their current coverage if they meet all of the following criteria:

- They were enrolled as your dependents at the time of your death.
- They qualify for a monthly survivor allowance from CalPERS.
- They continue to qualify as surviving dependents.

Questions regarding the continuation of vision plan coverage should be directed to the retiree's former departmental personnel office.

To report the death of a retiree covered under a vision plan through the State of California, call or write to CalPERS at:

CalPERS Disability & Survivor Benefits Division
P.O. Box 1652
Sacramento, CA 95812-1652
(888) 225-7377 / TTY (916) 795-3240

Note: Surviving dependents who do not qualify to continue their current coverage are eligible for continuation of coverage under COBRA.

COBRA Group Continuation of Coverage

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires employers to offer continuation of health, dental, and vision benefits to employees, spouses, domestic partners, and eligible children of employees and retirees who lose coverage due to certain qualifying events. Depending on the qualifying event, benefits may be continued for 18 or 36 months. The coverage period is measured from the time of the qualifying event and applies to each qualified beneficiary, including the spouse, domestic partner, and eligible children.

The chart below lists the qualifying events for continuation coverage and the time period of the extended coverage.

COBRA Qualifying Events

Benefits Continued for 18 Months	Benefits Continued for 36 Months

• Voluntary termination: Covered employee voluntarily terminates or separates from employment (e.g., retires or quits), and the termination/separation will cause a loss of coverage.
• Involuntary termination: Covered employee is involuntarily terminated from employment (other than for gross misconduct), and the termination will cause a loss of coverage. If the termination is due to "gross misconduct," the state is not obligated to offer COBRA continuation coverage.
• Reduction of hours: Covered employee's work hours are reduced voluntarily or involuntarily and the reduction will cause a loss of coverage. Reduction of hours may include:
  • Full-time to less than half-time
  • Strike
  • Layoff
  • Leave of absence
  • Military call-up
	• Death: Covered employee dies, and the surviving family member is not eligible for a monthly survivor allowance from CalPERS.
	• Medicare coverage begins: Covered employee becomes entitled to Medicare benefits.
	• Divorce or legal separation: Covered employee is divorced or legally separated.
	• Domestic partnership termination: Covered employee terminates a domestic partnership registered in the State of California.
	• Change in dependent status: An eligible child of a covered employee turns age 26.

If you are enrolled in the Basic Plan or Premier Plan, VSP will notify you of your COBRA rights.

Under COBRA, the administrator is permitted to charge a 2% administrative fee in addition to the premium. Therefore, the cost of COBRA continuation coverage is 102% of the premium.

Once enrolled, your monthly premiums are due by the 1st of each following month. While due on the 1st, the enrollee will have a maximum 30-day grace period in which to make these premium payments. The plan or its COBRA administrator is not required to send a monthly bill.

If the applicable payment is not made within the grace period, then coverage will be canceled back to the end of the prior month in which a premium payment had been made. If COBRA coverage is canceled due to non-payment of premiums, the enrollee may not be reinstated.

COBRA Monthly Premium – Enrolling Upon Retirement

The following COBRA rates are applicable when you or your dependents enroll directly in the COBRA option within 60 days of your retirement.

Basic Plan	Premier Plan
$8.26 Member only	$17.06 Member only
$8.26 Member + one	$25.69 Member + one
$8.26 Member + family	$36.22 Member + family

COBRA Monthly Premiums – Qualified Beneficiaries Enrolled in Retiree Plan

The following COBRA rates are applicable when you are enrolled in one of the state-sponsored retiree plans and your enrolled dependents experience a qualifying event.

Basic Plan	Premier Plan
$6.23 Member only	$16.65 Member only
$11.97 Member + one	$32.83 Member + one
$12.88 Member + family	$35.71 Member + family

If a partial monthly premium is received, the COBRA plan administrator will notify the enrollee of the amount of the deficiency and allow 30 days for payment of the deficiency.

18-Month Second Qualifying Event

If during the 18 months of continuation coverage, a second event takes place (divorce, termination of domestic partnership, legal separation, death, or a dependent child ceases to be a dependent), then the original 18 months of continuation coverage can be extended to 36 months from the original date of loss of coverage for eligible dependent qualified beneficiaries.

If a second event occurs, it is the qualified beneficiary's responsibility to notify VSP in writing within 60 days of the second event and within the original 18-month COBRA timeline. In no event will continuation coverage last beyond three years (36 months) from the original date of loss of coverage.

29-Month Qualifying Event (Social Security Disability)

COBRA contains a provision that provides additional protection for qualified beneficiaries who are deemed disabled by the Social Security Administration. If a state employee who experiences one of the 18-month qualifying events meets the Social Security definition of disability, the employee and their eligible beneficiaries are entitled to continuation coverage for 29 months (from the date of the 18-month qualifying event).

COBRA Open Enrollment Period

COBRA enrollees have the same rights as active employees to make allowable changes to their coverage during the annual Open Enrollment period. Specific instructions will be sent to all COBRA enrollees by CalHR before the Open Enrollment period begins.

Loss of COBRA Eligibility

COBRA eligibility ceases for a qualified beneficiary if any of the events listed below occur prior to the expiration of the 18- or 36-month COBRA continuation period. The state does not offer any type of conversion plan after the 18- or 36-month period has expired. The enrollee should contact the vision plan directly for information about a potential individual conversion plan if any of the following occur:

- State employer ceases to offer vision insurance plans.
- The covered qualified beneficiary fails to pay the required premiums on time.
- A covered state employee becomes covered under another employer's plan that does not contain any exclusion or limitation concerning preexisting health conditions.
- A state employee who received extended COBRA coverage of 29 months due to a Social Security-approved disability is no longer disabled.
- A covered state employee's former spouse remarries, or domestic partner establishes a new domestic partnership and obtains coverage under another group vision plan.
- A covered employee becomes entitled to Medicare benefits while enrolled in COBRA.
- Coverage terminates for cause on the same basis that the plan terminates the coverage of similarly situated non-COBRA participants.

Note: All termination of COBRA coverage notices will be provided by the plan.

For more information about COBRA group continuation coverage, including eligibility, monthly premiums, enrollment procedures, or qualifying events that cause termination of COBRA eligibility, contact your former departmental personnel office.

Contact Information

If you need assistance with your vision coverage, we're here to help!

VSP Member Services is happy to help:

- If you need to find out who your vision carrier is.
- To determine whether a particular enrollment change is permitted outside the vision Open Enrollment period.
- For questions regarding the vision Open Enrollment process.
- If you have questions about your vision plan.
- For assistance finding an in-network provider.
- If you have questions about your coverage or a claim.
- To verify vision enrollment effective dates.
- For information regarding adding or deleting dependents from your vision coverage, including deleting a dependent who turns 26 and is no longer eligible for coverage.
- To report the death of a spouse or dependent.
- To continue vision coverage of enrolled dependents following the death of an active state retiree.
- To report an incorrect premium deduction or vision plan coverage on your pay warrant or statement.

VSP Member Services can be reached at **800.400.4569 (TTY: 711)** and is open Monday through Saturday, 6:00 a.m. - 5:00 p.m. (PT), closed major holidays.

You can also learn more about your vision plan through VSP at **stateofcaretiree.vspforme.com**.

Thanks for being part of the VSP family!

Forms and Supporting Documents

Click the links below to view and download your benefits information and forms you may need.

- Basic and Premier Plan Member Benefit Summary
- Dependent Eligibility Verification Checklist (CalHR 781)
- Affidavit of Parent-Child Relationship (CalHR 025)
- New Retiree Enrollment Guide
- Retiree Vision Plan Enrollment (CalHR 695)
- End of COBRA Enrollment Form

VSP guarantees member satisfaction 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**. Eyeconic and Visionworks are VSP-affiliated companies.

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