

# Your vision. Our passion.



## Where will your eyes take you today?

Whether it's a day in the life or a day to remember, you're covered. You're enrolled in VSP, and with us, you'll get the personalized eyecare you deserve. We'll help you see well, stay healthy and get the most out of life.

## Valuable coverage.

If it takes you a minute to review your benefits coverage, or an hour, we know you'll:

- find a doctor in your neighborhood who's right for you
- enjoy a WellVision Exam<sup>SM</sup> focused on your health
- love your eyewear choices
- get great savings

## Get started. It's a breeze.

Already have a VSP doctor?

Make an appointment today.

New to VSP and need a doctor?

Go to [vsp.com](http://vsp.com) or call us at 800-877-7195.

Make an appointment and tell them you have VSP.

It's that easy.



Satisfaction?  
You bet. You'll  
be 100% happy  
or we'll make  
it right.

California State University and VSP provide you an affordable eyecare plan.

### Coverage from a VSP Select Network Doctor

**Exam** ..... *every calendar year*

- Covered in full with a \$10 copay

**Prescription Glasses**

**Lenses covered in full** ..... *every other calendar year<sup>1</sup>*

- Single vision, lined bifocal and lined trifocal lenses.
- Polycarbonate lenses for dependent children.

**Frame** ..... *every other calendar year*

- Frame of your choice covered up to \$95 Retail.

~OR~

**Contact Lens Care** ..... *every other calendar year*

*When you choose contacts instead of glasses, your \$120 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.*

~AND~

### VDT Supplemental Benefit for Eligible Employees

**Exam** ..... *every other calendar year*

- Covered in full with a \$10 copay

**Lenses covered in full** ..... *every other calendar year<sup>1</sup>*

- Single vision, lined bifocal and lined trifocal lenses.

**Frame** ..... *every other calendar year*

- Frame of your choice covered up to \$95 Retail.

<sup>1</sup> *New lenses will be approved and replaced every calendar year if at least one of the following criteria is met:*

- The new prescription differs from the original by at least a .50 diopter sphere or cylinder
- There is a change in the axis of 15 degrees or more
- A difference in vertical prism greater than on prism

### Extra Discounts and Savings

#### Laser Vision Correction

- Savings averaging 15% off laser vision correction surgery (PRK, LASIK, and custom LASIK) through VSP contracted centers

#### Contacts\*

- 15% off cost of contact lens exam (fitting and evaluation)

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800-877-7195.

#### Out-of-Network Reimbursement Amounts:

Exam: Routine and VDT .....	Up to \$50
Lenses:	
Single Vision: Routine and VDT .....	Up to \$45
Lined Bifocal: Routine and VDT .....	Up to \$65
Lined Trifocal: Routine and VDT .....	Up to \$85
Polycarbonate for dependent children .....	Up to \$65
Lenticular and Aphakic .....	Up to \$125
Frame: Routine and VDT .....	Up to \$60
Elective Contacts .....	Up to \$110
Necessary Contacts.....	Up to \$250

*VSP guarantees service from VSP network doctors only. In the event of a conflict between this information and the CSU contract with VSP, the terms of the contract will prevail.*