



California State University Vision Plan

VSP SELECT NETWORK



Learn more about your VSP benefit at vsp.com:

- Choose a Select Network doctor near your home or work
- View your personalized eyecare coverage
- See a history of your eyecare visits
- Read information about eyecare and its importance to your overall health

Toll-free VSP Member Services 800-877-7195

Monday - Friday
5:00 a.m. - 7:00 p.m. PST

Saturday
6:00 a.m. - 2:30 p.m. PST

Interactive Voice Response (IVR)
phone system available 24 hours a
day/7 days a week

EYE EXAM	Covered in full with a \$10 copay Every calendar year
PRESCRIPTION GLASSES Lenses ¹ Frame	Covered in full Every other calendar year - Single vision, lined bifocal, lined trifocal, lenticular - Polycarbonate lenses for dependent children Frame of your choice covered up to \$95 retail Every other calendar year
-OR-	
CONTACT LENS CARE Elective ² Medically Necessary	Every other calendar year Professional fees & materials up to \$120 Professional fees & materials covered in full with prior authorization
-AND-	
VDT SUPPLEMENT BENEFIT For eligible employees Exam Lenses ¹ Frame	Every other calendar year Covered in full with a \$10 copay Covered in full (<i>single vision, lined bifocal, lined trifocal</i>) Covered in full up to \$95 retail
ADDITIONAL DISCOUNTS AND SAVINGS	
Laser Vision Correction	
• Savings average 15% off laser vision correction surgery (PRK, LASIK, and Custom LASIK) through VSP contracted centers.	
Elective Contacts	
• 15% off cost of contact lens exam (<i>fitting and evaluation</i>).	
OUT-OF-NETWORK REIMBURSEMENT AMOUNTS	
Routine and VDT:	Exam up to \$50* Single Vision Lenses up to \$45 Lined Bifocal Lenses up to \$65 Lined Trifocal Lenses up to \$85 Frame up to \$60
Routine Only:	Polycarbonate for dependent children up to \$65 Lenticular and Aspheric up to \$125 Elective Contacts up to \$110 Medically Necessary Contacts up to \$250

* Subject to \$10 exam copay.

VSP guarantees service from VSP Select 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.

Additional Information About the CSU Vision Plan

Who Is VSP?

Since 1955, VSP has been solely dedicated to providing eyecare wellness benefits through an exclusive network of approximately 17,000 independent eye doctors, known as the VSP Select Network. Each Select Network doctor is carefully chosen to represent VSP's commitment to eye health and to providing personalized care. VSP is committed to providing CSU employees with exceptional customer service, and is recognized by J.D. Power and Associates as the "Highest in Member Satisfaction Among National Vision Plans."

Employee and Dependents Covered by the Plan

Employee

Spouse

Registered Domestic Partner

Dependent Child(ren) & Child(ren) (including those of Registered Domestic Partner)

-covered to age 23 through last calendar day of birth month

¹ Interim Benefits

New lenses will be approved and replaced at a 12 month frequency 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 one prism

² Elective Contact Lenses

When you choose elective 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.

VDT Coverage

This supplemental benefit is offered only to employees whose job requires use of a Video Display Terminal for at least four hours per day. Employee must receive the VDT Confirmation Form from the campus Benefits Office and provide to the VSP doctor at the appointment. Supplemental exam included which entails additional tests to determine employee's visual needs in relation to VDT. Single vision, lined bifocal and lined trifocal lenses covered in full. Interim benefits apply to the lenses. Frame covered up to \$95.

Low Vision

If low vision supplemental testing is approved, it will be covered in full by VSP. If low vision aids are approved, VSP will pay 75% of the approved amount up to a maximum of \$1,000 per covered individual every two years. Any amount paid for supplemental testing will be applied to the \$1,000. The patient is responsible for the remaining 25% of the approved amount, plus any amount over the \$1,000 maximum.

Out-of-Network Coverage

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP Select Network doctor. If you decide to see a non-VSP provider, the \$10 exam copay still applies and you'll receive a lesser benefit and typically pay more out-of-pocket. Services and materials obtained through non-VSP providers are subject to the same limitations as services through VSP Select Network doctors. Value-added discounts and savings are not available when members choose a non-VSP provider. If you decide to see a provider not in the VSP Select Network, call us first at 800-877-7195.

Bills for services and materials received from a non-VSP provider should be paid in full, then a copy of the itemized receipt submitted to VSP for reimbursement up to the amounts shown. For the VDT benefit, a copy of the VDT Confirmation Form must also be included. Mail paperwork to the following address:

VSP
PO Box 997105
Sacramento, CA 95899-7105
Attn: Out-of-Network Claims