

Your VSP® Vision Benefits Summary: Basic Plan*

VSP Basic Plan: The State of California contributes 100% of the Basic Plan cost**.

Open Enrollment: September 15 - October 10, 2014

Effective Date: January 1, 2015

Doctor Network: VSP Advantage

Please confirm your doctor participates in the VSP Advantage program

Visit vsp.com/go/stateofcapremier for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam®	• Focuses on your eyes and overall wellness	\$10	Every Calendar Year
Prescription Glasses			
Frame	• \$75 allowance for a wide selection of frames • \$95 allowance on featured frame brands • 20% savings on the amount over your allowance	\$25	Every Calendar Year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children		
Lens Enhancements	• Tints/Photochromic Adaptive lenses • Standard progressive lenses • Premium progressive lenses • Average 20-25% savings on other lens enhancements	\$0 \$55 \$95-\$105	Every Calendar Year
Contacts (instead of glasses)	• \$110 allowance for eye exam, contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation)		Every Calendar Year
Extra Savings	Glasses and Sunglasses • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Wellvision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
Your Monthly Contribution	\$0 Employee Only \$0 Employee + One \$0 Employee + Family		

Your Coverage with Other Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP provider.			
Exam.....	up to \$35	Single Vision Lenses.....	up to \$25
Frame.....	up to \$40	Lined Bifocal Lenses.....	up to \$50
		Lined Trifocal Lenses....	up to \$50
		Progressive Lenses.....	up to \$50
		Tints.....	up to \$5
		Contacts.....	up to \$110
*VSP guarantees coverage from VSP doctors 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.			
**The cost of the Basic Plan is \$8.64 per month, and is paid for by the state, or is part of the Coben allowance. The state contribution is itemized on the warrant stub to verify that the employer contribution occurred and was paid to VSP.			

Your VSP Vision Benefits Summary: Premier Plan

VSP Premier Plan: The State of California contributes a portion of the Premier Plan cost***

Open Enrollment: September 15 - October 10, 2014

Effective Date: January 1, 2015

Doctor Network: VSP Choice

Visit vsp.com/go/stateofcapremier for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor or Affiliate Provider*			
WellVision Exam	• Focuses on your eyes and overall wellness	\$10	Every Calendar Year
Prescription Glasses			
Frame	<ul style="list-style-type: none"> • \$200 allowance for a wide selection of frames • \$220 allowance on featured frame brands • \$110 allowance at Costco® • 20% savings on the amount over your allowance 	\$25	Every Calendar Year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses		Every Calendar Year
Lens Enhancements	<ul style="list-style-type: none"> • Tints/Photochromic Adaptive lenses • Polycarbonate lenses for dependent children • Polycarbonate lenses for adults • Standard Progressive lenses • Premium Progressive lenses • Custom Progressive lenses • Average 20–25% off other lens enhancements 	\$0 \$0 \$15 \$0 \$40-\$50 \$95-\$120	Every Calendar Year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$200 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) 		Every Calendar Year
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Monthly Contribution	\$8.84 Member Only \$17.68 Member + One \$28.46 Member + Family		

Your Coverage with Other Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP provider.			
Exam..... up to \$45	Single Vision Lenses..... up to \$30	Lined Trifocal Lenses.... up to \$65	Tints.....up to \$5
Frame..... up to \$70	Lined Bifocal Lenses..... up to \$50	Progressive Lenses..... up to \$50	Contacts..... up to \$105

**Coverage with Costco may be different. Coverage with Costco is available only with the VSP Premier Plan. Once your benefit is effective, visit vsp.com for details.

***The Employee Monthly Contribution reflects your contribution to the Premier Plan cost. The state contributes \$8.64 (or it is part of the Coben allowance), the equivalent of the Basic Plan cost. Both deductions are itemized on the warrant stub to verify that the deductions occurred and were paid to VSP.

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