

# 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

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations—including private practice doctors and 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



Enroll in VSP or make changes 9/21/2020 – 10/16/2020

Contact us: 800.877.7195 or [stateofcareetiree.vspforme.com](https://stateofcareetiree.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:

1/1/2021



Benefit	Description	Copay	Benefit	Description	Copay
<b>Basic Plan Coverage with a VSP Provider</b>			<b>Premier Plan Coverage with a VSP Provider</b>		
<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>\$75 allowance for a wide selection of frames</li> <li>\$95 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$40 Costco frame allowance</li> <li>Every calendar year</li> </ul>	\$25	<b>Frame</b>	<ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$220 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco frame allowance</li> <li>Every calendar year</li> </ul>	\$25
<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>PRIMARY EYECARE<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. Treatment and diagnoses 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>	\$6.41	\$12.37	\$13.31	<ul style="list-style-type: none"> <li>Retiree Only</li> <li>Retiree + One</li> <li>Retiree + Family</li> </ul>	\$17.23 \$34.02 \$36.99

### 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. VSP guarantees coverage 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.

\*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.