

Protect your vision with VSP.



Get the best in eye care and eyewear with State of California and VSP Vision Care.

Why enroll in VSP? We invest in the things you value most—great care at low out-of-pocket costs. Because we are the only national not-for-profit vision care company, you can trust that we will always put your wellness first.

You'll like what you see with VSP.

- **High Quality Vision Care.** You will get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It is easy to find the perfect frame at a price that fits your budget.



Active Employee

Enroll in the VSP Premier Plan. You will be glad you did. Contact us. 800.877.7195 stateofcaemployee.vspforme.com

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who is right for you.** To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There is no ID card necessary. If you would like a card as a reference, you can print one at vsp.com.

That is it! We will handle the rest—there are no claim forms to complete when you see a VSP provider.

Look into the VSP Premier Plan!

You will enjoy an even richer benefit with the VSP Premier Plan.

- \$200 frame allowance
- Fully covered standard progressive lenses
- \$40–\$50 for premium progressive lenses
- \$95–\$120 for custom progressive lenses
- No more than \$39 for retinal screening

Save with VSP coverage:*	Without VSP Coverage	With VSP Basic Plan	With VSP Premier Plan
Eye Exam	\$171	\$10 Copay	\$10 Copay
Material Copay	\$0	\$25 Copay	\$25 Copay
\$200 Retail Frame	\$200	\$100	\$0
Bifocal Lenses	\$150	\$0	\$0
Standard Progressive Lenses	\$99	\$55	\$0**
Polycarbonate Lenses	\$65	\$35	\$15
Photochromic Adaptive Lenses	\$118	\$0	\$0
Employee-Only Annual Premium	N/A	\$0	\$106.08
Total Out-of-Pocket Cost	\$803	\$225	\$156.08

*Comparison based on national averages for comprehensive eye exams and most commonly purchased brands, and may not reflect your actual experience.

**Copays apply to premium and custom progressive lenses.

Average Annual Savings with VSP Basic Plan:

\$578.00

Average Annual Savings with VSP Premier Plan:

\$646.92

Corrected Employee Vision Benefits Summary

VSP Coverage Effective Date: **01/01/2019**
 Open Enrollment: **09/10/2018 - 10/05/2018**

State of California and VSP provide you with a choice of affordable vision plans—choose the one that is right for you.

VSP Basic Plan VSP Provider Network: VSP Advantage

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10

Prescription Glasses

Frame	<ul style="list-style-type: none"> \$75 allowance for a wide selection of frames \$95 allowance on featured frame brands 20% savings on the amount over your allowance Every calendar year 	\$25
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Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	
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Lens Enhancements	Tints/photochromic adaptive lenses	\$0
	Polycarbonate lenses for dependent children	\$0
	Polycarbonate lenses for adults	\$31–\$35
	Standard progressive lenses	\$55
	Premium progressive lenses	\$95–\$105
	Custom progressive lenses	\$150–\$175
	Average savings of 20–25% on other lens enhancements	

Contacts (instead of glasses)	<ul style="list-style-type: none"> \$110 allowance for exam, contacts and contact lens exam (fitting and evaluation) 15% savings on contact lens exam (fitting and evaluation) Every calendar year 	\$0
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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 No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 	
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the price or 5% off the promotional price; discounts only available from contracted facilities 	

Your Monthly Contribution	<ul style="list-style-type: none"> \$0 Employee Only \$0 Employee + One Dependent \$0 Employee + Family
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Your Coverage with Out-of-network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP Advantage network provider.

Exam	up to \$35	Lined Trifocal Lenses	up to \$50
Frame	up to \$40	Progressive Lenses	up to \$50
Single Vision Lenses	up to \$25	Contacts	up to \$110
Lined Bifocal Lenses	up to \$50	Tints	up to \$5

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 state contributes \$8.64 toward your vision plan, the equivalent of the VSP Basic Plan cost. Both deductions are itemized on the warrant stub to verify that the deductions occurred and were paid to VSP.

VSP Premier Plan VSP Provider Network: VSP Choice

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10

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 Every calendar year 	\$25
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Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	
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Lens Enhancements	Tints/photochromic adaptive lenses	\$0
	Polycarbonate lenses for dependent children	\$0
	Polycarbonate lenses for adults	\$15
	Standard progressive lenses	\$0
	Premium progressive lenses	\$40–\$50
	Custom progressive lenses	\$95–\$120
	Average savings of 20–25% on other lens enhancements	

Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on contact lens exam (fitting and evaluation) Every calendar year 	\$0
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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 No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 	
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the price or 5% off the promotional price; discounts only available from contracted facilities 	

Your Monthly Contribution	<ul style="list-style-type: none"> \$8.84 Employee Only \$17.68 Employee + One Dependent \$28.46 Employee + Family
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Your Coverage with Out-of-network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP Choice network provider.

Exam	up to \$45	Lined Trifocal Lenses	up to \$65
Frame	up to \$70	Progressive Lenses	up to \$50
Single Vision Lenses	up to \$30	Contacts	up to \$105
Lined Bifocal Lenses	up to \$50	Tints	up to \$5

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 employee monthly contribution reflects your contribution to the VSP Premier Plan cost. The state contributes \$8.64 toward your vision plan, the equivalent of the VSP Basic Plan cost. Both deductions are itemized on the warrant stub to verify that the deductions occurred and were paid to VSP.

1. Brand/Promotions subject to change.

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