



A Look at Your VSP Vision Coverage

With VSP and the State of California, your health comes first.



As a VSP® member, you get access to savings and personalized vision care from a VSP network doctor for you and your family.

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 which provide offers from VSP and leading industry brands totaling more than \$3,000 in savings.

Provider choices you want.



Maximize your benefits at a VSP Premier Edge™ location, including thousands of private practice doctors and Visionworks® retail locations nationwide.

Shop online and connect your benefits.



Prefer to shop online? Eyeconic® is the only in-network, online store for glasses, contacts, and sunglasses for VSP members.

Benefits for a life well lived.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Enjoy savings on eye care and eyewear.

State of California employees have access to even more savings on eye care and eyewear. Visit a VSP Premier Edge location to save up to an additional \$49 on your eye exam and retinal screening. Plus, Premier Plan members can enjoy a higher frame allowance of \$250 or a \$200 contact lens allowance, as well as a lower materials copay and additional savings on lens enhancements. See the back page for details!

More Ways to Save

**Extra
\$20**
to spend on
Featured Frame Brands†

bebe	Calvin Klein
COLE HAAN	DRAGON
FLEXON	LACOSTE
	and more

See all brands and offers at vsp.com/offers.

+
**Up to
40%**
**Savings on
lens enhancements‡**

Questions?

Contact us: 800.400.4569 or stateofcaemployee.vspforme.com

*Coverage with a retail chain may be different or not apply.

†Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.

‡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.

VSP guarantees member satisfaction 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. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks and Eyeconic are VSP-affiliated companies.

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Classification: Restricted

Active Coverage Under the State of California

The State of California and VSP provide you with an affordable vision plan. Stay with the Basic Plan or upgrade to the Premier Plan for enhanced benefits. Dependents must be enrolled in the same plan as the enrollee.

Provider Network:

Basic Plan: Advantage

Premier Plan: Choice

Effective Date:

01/01/2026



BOLD = SAVINGS YOU'LL LOVE!

BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY		
BASIC PLAN Coverage with a VSP Provider			PREMIER PLAN Coverage with a VSP Provider				
WELLVISION EXAM	• Focuses on your eyes and overall wellness	\$10 or \$0 at Premier Edge locations	WELLVISION EXAM	• Focuses on your eyes and overall wellness	\$10 or \$0 at Premier Edge locations		
	• Routine retinal imaging	Up to \$39 or \$0 at Premier Edge locations		• Routine retinal imaging	Up to \$39 or \$0 at Premier Edge locations		
	• One every calendar year			• One every calendar year			
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full	\$5 per exam	ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full	\$5 per exam		
	• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.			• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.			
	• Coordination with your medical coverage may apply. Ask your VSP network doctor for details.			• Coordination with your medical coverage may apply. Ask your VSP network doctor for details.			
• Available as needed			• Available as needed				
PRESCRIPTION GLASSES			PRESCRIPTION GLASSES				
FRAME ⁺	• \$150 frame allowance	\$25	FRAME ⁺	• \$250 frame allowance	\$10		
	• \$170 Featured Frame Brands allowance			• \$270 Featured Frame Brands allowance			
LENSES	• 20% savings on the amount over your allowance		LENSES	• 20% savings on the amount over your allowance			
	• One frame every calendar year			• \$135 Walmart/Sam's Club/Costco frame allowance			
LENS ENHANCEMENTS ⁺	• Single vision, lined bifocal, and lined trifocal lenses	\$0	LENS ENHANCEMENTS ⁺	• Single vision, lined bifocal, and lined trifocal lenses	\$0		
	• Impact-resistant lenses for dependent children			• Impact-resistant lenses for dependent children			
	• One set of lenses every calendar year			• One set of lenses every calendar year			
CONTACTS (INSTEAD OF GLASSES)	• Tints/Light-reactive lenses	\$0	CONTACTS (INSTEAD OF GLASSES)	• Tints/Light-reactive lenses	\$0		
	• Impact-resistant lenses for adults			• Impact-resistant lenses for adults			
	• Standard progressive lenses			• Standard progressive lenses			
ADDITIONAL SAVINGS	• Premium progressive lenses	\$95 – \$105	ADDITIONAL SAVINGS	• Premium progressive lenses	\$40 – \$50		
	• Custom progressive lenses			• Custom progressive lenses			
	• Average savings of 20–25% on other lens enhancements			• Average savings of 30% on other lens enhancements			
YOUR MONTHLY PREMIUM	• Every calendar year	\$150 – \$175	YOUR MONTHLY PREMIUM	• Every calendar year	\$95 – \$120		
	• \$110 allowance for contacts and contact lens exam (fitting and evaluation)			• \$200 allowance for contacts and contact lens exam (fitting and evaluation)			
	• 15% savings on a contact lens exam (fitting and evaluation)			• 15% savings on a contact lens exam (fitting and evaluation)			
EXCLUSIVE MEMBER EXTRAS	• Every calendar year	\$0	EXCLUSIVE MEMBER EXTRAS	• Every calendar year	\$0		
	Glasses and Sunglasses			Glasses and Sunglasses			
	Discover all current eyewear offers and savings at vsp.com/offers .			Discover all current eyewear offers and savings at vsp.com/offers .			
LASER VISION CORRECTION	20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		LASER VISION CORRECTION	20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.			
	Laser Vision Correction			Laser Vision Correction			
	Average of 15% off the regular price; discounts available at contracted facilities.			Average of 15% off the regular price; discounts available at contracted facilities.			
YOUR MONTHLY PREMIUM	Basic Plan:		YOUR MONTHLY PREMIUM	Premier Plan:			
	\$0 Employee only	\$0 Employee + family		\$8.63 Employee only	\$27.41 Employee + family		
	\$0 Employee + one			\$17.09 Employee + one			

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to private practice, retail,⁺ and online in-network choices. Log in to vsp.com to find an in-network provider.