



# A Look at Your VSP Vision Coverage

With VSP® Vision Care and the State of California, your eye health matters.



## COBRA MEMBER RETIREE

Get an Extra **\$20** to spend on Featured Frame Brands.



Just look for the **VSP heart logo** on the lens to maximize your benefits.†

bebe Calvin Klein COLE HAAN  
DRAGON FLEXON LONGCHAMP PARIS



and more at [vsp.com/framebrands](https://vsp.com/framebrands)

Up to **40%** savings on lens enhancements‡

Learn more at [vsp.com/offers](https://vsp.com/offers)

Questions? Contact us:  
[stateofcaretiree.vspforme.com](https://stateofcaretiree.vspforme.com)  
800.400.4569

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

## Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your eye doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.\*\*

## The choice is yours!



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

## Shop online and connect your benefits.



Simply connect your benefits when you log in to **eyeconic.com** and have a valid prescription ready when you check out.

## Getting started is easy!

Make the most of your plan by creating an account on **vsp.com**. Log in to view your in-network coverage, find a VSP network doctor, download your Member ID card (and save it to your digital wallet), and discover extra savings.

## Enjoy savings on eye care and eyewear.

You can save up to an extra \$49 on an eye exam and retinal screening at a VSP Premier Edge location. 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!

\*\*Full Picture of Eye Health, American Optometric Association, 2020. †Frame brands and promotion are 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. +Coverage with a retail chain may be different or not apply.

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. Availability of VSP Premier Edge may vary.

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](https://vsp.com). Eyeconic® is a VSP company.

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Classification: Restricted

## COBRA Coverage Under the State of California

As a COBRA member, you are eligible to enroll in the plan option you were enrolled in at the time of your qualifying COBRA event. If you'd like to make changes to your plan selection or add or remove dependents, you can do so during open enrollment (if eligible).

### BOLD = SAVINGS YOU'LL LOVE!

#### Provider Network:

Basic Plan: VSP Advantage

Premier Plan: VSP Choice

#### Effective Date:

01/01/2027



| BENEFIT                               | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COPAY                                                 | BENEFIT                                 | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COPAY                                                 |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| BASIC PLAN Coverage with a VSP Doctor |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | PREMIER PLAN Coverage with a VSP Doctor |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |
| WELLVISION EXAM*                      | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>One every calendar year</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                   | \$10 or<br><b>\$0 at Premier Edge locations</b>       | WELLVISION EXAM*                        | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>One every calendar year</li> </ul>                                                                                                                                                                                                                                                                                                                                             | \$10 or<br><b>\$0 at Premier Edge locations</b>       |
| RETINAL SCREENING                     | <ul style="list-style-type: none"> <li>Images of the inside of the eye, used to screen for potential signs of eye disease</li> <li>One every calendar year</li> </ul>                                                                                                                                                                                                                                                                                                                                          | Up to \$39 or<br><b>\$0 at Premier Edge locations</b> | RETINAL SCREENING                       | <ul style="list-style-type: none"> <li>Images of the inside of the eye, used to screen for potential signs of eye disease</li> <li>One every calendar year</li> </ul>                                                                                                                                                                                                                                                                                                    | Up to \$39 or<br><b>\$0 at Premier Edge locations</b> |
| ESSENTIAL MEDICAL EYE CARE            | <ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>                                       | \$5 per exam                                          | ESSENTIAL MEDICAL EYE CARE              | <ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul> | \$5 per exam                                          |
| PRESCRIPTION GLASSES                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | PRESCRIPTION GLASSES                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |
| FRAME*                                | <ul style="list-style-type: none"> <li>\$170 Featured Frame Brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart/Sam's Club/Costco frame allowance</li> <li>One frame every calendar year</li> </ul>                                                                                                                                                                                                                                   | \$25                                                  | FRAME*                                  | <ul style="list-style-type: none"> <li>\$270 Featured Frame Brands allowance</li> <li>\$250 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$135 Walmart/Sam's Club/Costco frame allowance</li> <li>One frame every calendar year</li> </ul>                                                                                                                                                                                            | \$10                                                  |
| LENSES                                | <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>One set of lenses every calendar year</li> </ul>                                                                                                                                                                                                                                                                                               |                                                       | LENSES                                  | <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>One set of lenses every calendar year</li> </ul>                                                                                                                                                                                                                                                         |                                                       |
| LENS ENHANCEMENTS*                    | <ul style="list-style-type: none"> <li>Tints/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<br>\$35<br>\$55<br>\$95 - \$105<br>\$150 - \$175  | LENS ENHANCEMENTS*                      | <ul style="list-style-type: none"> <li>Tints/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<br>\$15<br>\$0<br>\$40 - \$50<br>\$95 - \$120     |
| CONTACTS (INSTEAD OF GLASSES)         | <ul style="list-style-type: none"> <li>\$110 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>                                                                                                                                                                                                                                                                                | \$0                                                   | CONTACTS (INSTEAD OF GLASSES)           | <ul style="list-style-type: none"> <li>\$200 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>                                                                                                                                                                                                                                          | \$0                                                   |
| ADDITIONAL SAVINGS                    | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>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.</li> <li>Get 20% off eyewear on <a href="https://eyeconic.com">eyeconic.com</a> just for being a VSP member</li> </ul> |                                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |
|                                       | <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>                                                                                                                                                                                                                                                                                                                                           |                                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |
|                                       | <b>Exclusive Member Extras</b> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing. Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>                   |                                                       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |
| YOUR MONTHLY PREMIUM                  | <b>Basic Plan:</b><br>\$6.23 Member only      \$12.88 Member + family<br>\$11.97 Member + one                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       | YOUR MONTHLY PREMIUM                    | <b>Premier Plan:</b><br>\$16.65 Member only      \$35.71 Member + family<br>\$32.83 Member + one                                                                                                                                                                                                                                                                                                                                                                         |                                                       |

### GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, including private practice and retail locations, VSP makes it easy to maximize your benefits. Log in to [vsp.com](https://vsp.com) to find an in-network doctor near you!