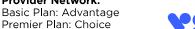
Employee Coverage For California State University Provider Network:

CSU and VSP provide you with a choice of affordable vision plans. Stick with the Basic Plan or upgrade to the Premier Plan for enhanced benefits.

DESCRIPTION

BENEFIT



DESCRIPTION





COPAY

Effective Date: 01/01/2024

BENEFIT

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	BASIC PLAN Coverage with a VSP Provider		P	REMIER PLAN Coverage with a VSP Provider	
WELLVISION EXAM	Focuses on your eyes and overall wellnessRoutine retinal imagingEvery calendar year	\$10 Up to \$39	WELLVISION EXAM	Focuses on your eyes and overall wellnessRoutine retinal imagingEvery calendar year	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	 Retinal imaging for members with diabetes covered-in-full 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. Available as needed 	\$20 per exam	ESSENTIAL MEDICAL EYE CARE	Retinal imaging for members with diabetes covered-in-full 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. Available as needed	\$20 per exar
PRESCRIPTION G	iLASSES		PRESCRIPTION G	LASSES	
FRAME*	\$130 Featured Frame Brands allowance \$110 frame allowance 20% savings on the amount over your allowance Every other calendar year Single vision, lined bifocal.	_ \$0	FRAME*	\$230 Featured Frame Brands allowance \$210 frame allowance 20% savings on the amount over your allowance \$115 Walmart/Sam's Club/Costco frame allowance	\$ 0
LENSES	and lined trifocal lenses Impact-resistant lenses for dependent children Every other calendar year [†]		LENSES	Every calendar year Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children	
LENS ENHANCEMENTS	 UV protection Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every other calendar year 	\$0 \$55 \$95 - \$105 \$150 - \$175	LENS ENHANCEMENTS	Every calendar year UV protection Tinted lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses	\$0 \$0 \$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	 \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	CONTACTS	Average savings of 30% on other lens enhancements Every calendar year \$200 allowance for contacts and contact lens exam (fitting)	
VSP		\$0	(INSTEAD OF GLASSES)	 and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every calendar year 	\$0
LIGHTCARE**			VSP LIGHTCARE*	\$210 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every calendar year	\$0
VSP COMPUTER VISIONCARE™ PLAN (EMPLOYEE-ONLY COVERAGE)	 Evaluates your vision needs related to co \$95 allowance for a wide selection of fra Single vision, lined bifocal, lined trifocal a Every other calendar year[†] 	nmes	enses		\$10
ADDITIONAL SAVINGS	Glasses and Sunglasses Discover all current eyewear offers and savings at vsp.com/offers. Ow 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 Average of 15% off the regular price; di Exclusive Member Extras Save up to 60% on digital hearing aids Contact lens rebates, lens satisfaction of the contact lens rebates. 	with TruHearing.	Visit vsp.com/offers	/special-offers/hearing-aids for details.	

*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.

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

New lenses will be approved every calendar year if the new prescription differs from the original by at least .50 diopter sphere or cylinder, there's a change in the axis of 15 degrees or more, or a difference in vertical prism greater than one prism.

Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.

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.