**Vision Service Plan (VSP)**

**Group #30021702**

*(800) 877-7195*

The following is a summary of the coverage available through the voluntary Vision Service Plan (VSP) and is not to be construed as the official plan document which governs claims administration. Please contact VSP for vision coverage related inquiries.

**Plan Description**

The Vision Care Plan is a voluntary vision insurance plan provided by VSP. Employee premiums are located in the Summary Monthly Premium section of this booklet. This plan provides exams and materials based on a co-pay and annual benefit allowance. Discounts provided by VSP doctors are not a negotiated benefit. VSP Doctors provide the discounts to the participant as a courtesy. To qualify for the extra discounts and savings, services and materials must be received within 12 months of the last covered eye exam from any VSP network doctor. If a participant utilizes Anthem or EyeMed for the eye exam, the VSP discount may be provided subject to the discretion of the VSP provider.

**Enrollment/Changes**

Refer to Enrollment and Changes in the Administrative Provisions section.

**Coverage**

Vision enrollment is voluntary and requires employee monthly contributions. Please review the following VSP Summary of Benefits to determine if this plan is beneficial for you and your family.

**Premiums**

Employee monthly premiums are located in the Summary Premium section of this booklet.

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**Summary of Benefits**

<table>
<thead>
<tr>
<th>Description</th>
<th>Level of Coverage from a VSP doctor</th>
<th>Non-VSP Doctor or Provider Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam - once every calendar year</td>
<td>Covered in full after $40 copayment</td>
<td>Reimbursed up to $45</td>
</tr>
<tr>
<td>Basic Lenses – once every calendar year</td>
<td>$25 copayment for lenses, frames or both lenses and frames</td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered in full after copayment</td>
<td>Reimbursed up to $30</td>
</tr>
<tr>
<td>Lined Bifocal</td>
<td>Covered in full after copayment</td>
<td>Reimbursed up to $50</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>Covered in full after copayment</td>
<td>Reimbursed up to $65</td>
</tr>
<tr>
<td>Frames / once every other calendar year</td>
<td>Covered up to $150 allowance</td>
<td>Reimbursed up to $70</td>
</tr>
<tr>
<td>Contact lenses / once every calendar year</td>
<td>Covered up to $150 allowance</td>
<td>Reimbursed up to $105</td>
</tr>
</tbody>
</table>

The VSP Vision Care Plan is a voluntary option in which the employee would pay the full monthly premium.

**How to Use Your Vision Plan**

- To obtain vision care services, call your VSP doctor. To locate a VSP network doctor, call VSP at (800) 877-7195 or visit their website at www.vsp.com or contact Human Resources at (970) 491-MyHR (6947).

- When making an appointment, identify yourself as a VSP member, provide your member identification number and the CSU group name/number. The VSP network doctor will contact VSP to verify eligibility and plan coverage and obtain authorization for eye exam services and eyewear.
When you arrive at your appointment, the VSP network doctor will provide an eye exam and determine if eyewear is necessary. The doctor will coordinate the prescription with a VSP approved lab if you choose to purchase glasses or contacts. The doctor will itemize any non-covered charges and have you sign a form to document that you received services.

**Note**: You will not receive a VSP membership card when enrolling in this voluntary benefit option. However, you may download a card at [www.vsp.com](http://www.vsp.com) which has your group number, co-pays and coverage level.

**Eyeglasses**

VSP covers in full single vision, lined bifocal, lined trifocal lenses. Polycarbonate lenses are covered for children (up to age 18). In addition to the coverage provided, VSP network doctors extend cost controls on lens options, which average 20-25% off the network doctor’s usual fees. Cost controlled options include but are not limited to, tints, scratch coating, UV protection, anti-reflective coating, photochromic lenses and progressive lenses (blended/no line).

Frames are covered in full up to $150 allowance. If a frame is selected over the VSP provided allowance, the patient is responsible for the additional amount. VSP doctors provide a 20% discount on amounts over the plan allowance. Typically if a patient selects a frame that is not in the VSP doctor’s inventory, the doctor can order the frame for you.

**Contact Lenses**

Contact lens services and materials are covered instead of frames and lenses. If a patient chooses to purchase contacts instead of glasses, the plan will cover up to $150 towards the doctor’s professional services and materials. Any costs exceeding this allowance are the patient’s responsibility.

You cannot receive both glasses and contacts in the same service period. VSP doctors provide a 15% discount off their professional services for contact lenses (fitting and evaluation).