Anthem, Vision Service Plan (VSP) and EyeMed Vision Care

The benefit offerings include access to three separate vision plans. The CSU medical plans include eye exam benefits. A voluntary vision insurance plan through VSP is primarily intended as a materials plan (i.e. glasses, contacts), but also provides a secondary eye exam benefit. And thirdly, a discount vision plan is available at no cost through EyeMed Vision Care. Carefully review this summary and other materials referenced below for plan benefit information.

Anthem Medical Plans
The Green, Gold and POS medical plans allow participants one eye exam per calendar year subject to normal copays or deductibles and coinsurance (see SPD for complete plan details).

**The VSP Vision Care Plan**

VSP is a voluntary vision insurance plan. Exams and materials are subject to copays and annual benefit allowances. VSP offers contracted providers with discounted service fees.

**EyeMed Vision Care**
A no cost discount plan available through Delta Dental. Discounts on exams and materials are through a discount card. Dental coverage enrollment is not necessary.

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### Anthem Medical Plans (Green, Gold & POS)

**Vision Exam**

<table>
<thead>
<tr>
<th>POS Plan</th>
<th>$15 copay every calendar year (In-network providers only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold Plan</td>
<td>80% after the $750 medical plan deductible (Participating and Non-Participating Providers)</td>
</tr>
<tr>
<td>Green Plan</td>
<td>80% after the $1,000 medical plan deductible (Participating and Non-Participating Providers)</td>
</tr>
</tbody>
</table>

Vision exam is limited to one routine eye exam per calendar year per member; lenses and hardware for glasses are not covered.

### Voluntary VSP Vision Care Plan

**Vision exam, lenses, frames, contact lenses and fitting**

**In-Network VSP Providers**

- **Vision Exam** - $40 copay every calendar year
- **Prescription Glasses** - $25 copay for lenses, frames or both lenses and frames
- **Lenses** - one set covered every calendar year
  - Single vision, lined bifocal, and lined trifocal lenses
  - Polycarbonate lenses for dependent children
- **Frame** - every other calendar year
  - $130 allowance for frame of your choice
  - 20% off the amount over your allowance

**Contact Lens Care**
- No copay
- $130 allowance per calendar year for contacts and the cost of the contact lens exam which includes fitting and evaluation.

**Out-of-Network Coverage**

- Exam: Up to $45
- Single vision lenses: Up to $30
- Lined bifocal lenses: Up to $50
- Lined trifocal lenses: Up to $65
- Frame: Up to $70
- Contacts: Up to $105

**Additional Discounts and Savings**

- Glasses and Sunglasses: average 20-25% savings on non-covered lens options; 20% off additional glasses from any VSP doctor within 12 months of your VSP exam.
- Contacts: 15% off cost of contact lens exam (fitting and evaluation)
- Laser Vision Correction: average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- Low Vision Benefits: refer to www.vsp.com

**Monthly Premiums**

- Employee Only: $3.95
- Employee + 1: $7.90
- Family: $12.73

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**EyeMed Provider Network**

The network includes private practice optometrists, ophthalmologists, opticians, and some of the nation’s top optical retailers including LensCrafters, Target, Sears Optical and most Pearle Vision locations.