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 Plan**
  - 80% after the $1,000 medical plan deductible
  - Vision exam limited to one routine eye exam per calendar year per member; lenses and hardware for glasses are not covered.

- **Gold Plan**
  - 80% after the $500 medical plan deductible
  - 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.

- **POS Plan**
  - $15 copay every calendar year (In-network providers only)

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**Voluntary VSP Vision Care Plan**
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 Vision Care**
Discounts on exams and materials

**In-Network Coverage Only**
The EyeMed Vision Care Discount Plan provides the following value-added features:
- Discounts on eye exams
- Scheduled pricing for lenses and lens options
- Discounts on frames and conventional contact lenses
- Choice of any available frame
- Unlimited frequency
- Discounts on LASIK and PRK
- Replacement Contact Lens by mail program

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

(As of 7/1/14)
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.

<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 $130 allowance</td>
<td>Reimbursed up to $70</td>
</tr>
<tr>
<td>Contact lenses / once every calendar year</td>
<td>Covered up to $130 allowance</td>
<td>Reimbursed up to $105</td>
</tr>
</tbody>
</table>

Premises

Employee monthly premiums are located in the Summary Premium section of this booklet. 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 contact. 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 and polycarbonate lenses 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, blended lenses, scratch coating, UV protection and progressive (no line) lenses.

Frames are covered in full up to $130 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 $130 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).