

# Protect your vision with VSP.

## Get the best in eye care and eyewear with State of California and VSP Vision Care.

Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we are the only national not-for-profit vision care company, you can trust that we will always put your wellness first.

### You'll like what you see with VSP.

- **High Quality Vision Care.** You will get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It is easy to find the perfect frame at a price that fits your budget.

Save with VSP coverage:*	Without VSP Coverage	With PERS Supplement Medical Plan**	With CalHR Coverage through VSP Premier Plan
Eye Exam	\$168	\$99.40 Copay	\$10 Copay
\$200 Retail Frame	\$200	\$130 Copay	\$25 Copay
Premium Progressive Lenses	\$308	\$176.40	\$50
Photochromic Lenses	\$116	\$92.40	\$0
Polycarbonate Lenses	\$66	\$52.80	\$15
Annuitant-Only Annual Premium	N/A	\$0	\$244.80
<b>Total Out-of-Pocket Cost</b>	<b>\$858</b>	<b>\$551</b>	<b>\$344.80</b>

\*Comparison based on national averages for comprehensive eye exams and most commonly purchased brands, and may not reflect your actual experience.

\*\*Plan provides a 20% discount off of the usual and customary fee, plus any applicable allowances; therefore, costs provided are estimates only, and may not reflect your actual experience.

Average Annual Savings with PERS:

**\$307.00**

Average Annual Savings with VSP:

**\$513.20**



### Annuitant/Retiree

Enroll in one of two VSP plans. You will be glad you did. Contact us.

**800.877.7195**

[stateofcaannuitant.vspforme.com](http://stateofcaannuitant.vspforme.com)

### Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who is right for you.** To find a VSP provider, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There is no ID card necessary. If you would like a card as a reference, you can print one at [vsp.com](http://vsp.com).

**That is it! We will handle the rest**—there are no claim forms to complete when you see a VSP provider.

### Look into the VSP Premier Plan!

You will enjoy an even richer benefit with the VSP Premier Plan.

- \$200 frame allowance
- Fully covered standard progressive lenses
- \$40–\$50 for premium progressive lenses
- \$95–\$120 for custom progressive lenses
- No more than \$39 for retinal screening

# Retiree Vision Benefits Summary

VSP Coverage Effective Date: **01/01/2018**  
Open Enrollment: **09/11/2017 - 10/06/2017**

State of California and VSP provide you with a choice of affordable vision plans—choose the one that is right for you.

**VSP Basic Plan** VSP Provider Network: **VSP Advantage**

**VSP Premier Plan** VSP Provider Network: **VSP Choice**

Benefit	Description	Copay
<b>Your Coverage with a VSP Provider</b>		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10
<b>Prescription Glasses</b>		
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$75 allowance for a wide selection of frames</li> <li>\$95 allowance on featured frame brands</li> <li><b>\$40 allowance at Costco®</b></li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>	\$25
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Every calendar year</li> </ul>	
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Tints/photochromic adaptive lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Polycarbonate lenses for adults</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20% on other lens enhancements</li> </ul>	\$0 \$0 \$31–\$35 \$55 \$95–\$105 20% savings
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$110 allowance for exam, contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	\$0
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>	
<b>Your Monthly Contribution</b>	<ul style="list-style-type: none"> <li><b>\$7.53</b> Annuitant Only</li> <li><b>\$14.62</b> Annuitant + One Dependent</li> <li><b>\$15.73</b> Annuitant + Family</li> </ul>	

Benefit	Description	Copay
<b>Your Coverage with a VSP Provider</b>		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10
<b>Prescription Glasses</b>		
<b>Frame</b>	<ul style="list-style-type: none"> <li><b>\$200 allowance for a wide selection of frames</b></li> <li>\$220 allowance on featured frame brands</li> <li><b>\$110 allowance at Costco®</b></li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>	\$25
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Every calendar year</li> </ul>	
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Tints/photochromic adaptive lenses</li> <li>Polycarbonate lenses for dependent children</li> <li><b>Polycarbonate lenses for adults</b></li> <li><b>Standard progressive lenses</b></li> <li><b>Premium progressive lenses</b></li> <li><b>Custom progressive lenses</b></li> <li>Average savings of 20–25% on other lens enhancements</li> </ul>	\$0 \$0 \$15 \$0 \$40–\$50 \$95–\$120
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li><b>\$200 allowance for contacts and contact lens exam (fitting and evaluation)</b></li> <li>15% savings on contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	\$0
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam</li> <li><b>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</b></li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>	
<b>Your Monthly Contribution</b>	<ul style="list-style-type: none"> <li><b>\$20.40</b> Annuitant Only</li> <li><b>\$40.35</b> Annuitant + One Dependent</li> <li><b>\$43.89</b> Annuitant + Family</li> </ul>	

Your Coverage with Out-of-network Providers	
Visit <a href="http://vsp.com">vsp.com</a> for details, if you plan to see a provider other than a VSP Advantage network provider.	
Exam . . . . .	up to \$35
Frame . . . . .	up to \$40
Single Vision Lenses . . . . .	up to \$25
Lined Bifocal Lenses . . . . .	up to \$50
Lined Trifocal Lenses . . . . .	up to \$50
Progressive Lenses . . . . .	up to \$50
Contacts . . . . .	up to \$110
Tints . . . . .	up to \$5
<b>Coverage with Costco may be different.</b> 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.	

Your Coverage with Out-of-network Providers	
Visit <a href="http://vsp.com">vsp.com</a> for details, if you plan to see a provider other than a VSP Choice network provider.	
Exam . . . . .	up to \$45
Frame . . . . .	up to \$70
Single Vision Lenses . . . . .	up to \$30
Lined Bifocal Lenses . . . . .	up to \$50
Lined Trifocal Lenses . . . . .	up to \$65
Progressive Lenses . . . . .	up to \$50
Contacts . . . . .	up to \$105
Tints . . . . .	up to \$5
<b>Coverage with Costco may be different.</b> 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.	

1. Brand/Promotions subject to change.