

VISION PLANS

ANTHEM MEDICAL PLANS

The Green, Gold, Ram Plan-HDHP and POS medical plans allow participants one eye exam per calendar year subject to normal copays or deductibles and coinsurance.

Vision Exam — one routine exam per year, per member

POS Plan: \$15 copay every calendar year (in-network providers only)

Gold Plan: 80% after the deductible has been met

Green Plan: 80% after the deductible has been met

Ram Plan-HDHP: 80% after the \$1,600 deductible has been met

(participating and non-participating providers for Green, Gold, Ram Plan-HDHP)

EYEMED VISION CARE — DISCOUNTS ON EXAMS AND MATERIALS

In-Network Coverage Only

EyeMed is 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. EyeMed provides the following features:

- Discounts on eye exams, frames, and conventional contact lenses
- Scheduled pricing for lenses and lens options
- Choice of any available frame
- Unlimited frequency
- Discounts on LASIK and PRK
- Replacement Contact Lens by mail program

EyeMed Provider Network: includes private practice optometrists, ophthalmologists, opticians, and optical retailers including LensCrafters, Target, Sears Optical, and most Pearle Vision locations.

Voluntary VSP Vision Care Plan

Vision Exam, materials, and discounts: VSP is a voluntary vision insurance plan — see next page for details.

Note: Vision exam expenses may only be submitted under one plan.

EYE EXAMS CAN IMPROVE MORE THAN YOUR VISION

Even if you can see well, regular eye exams are important to help keep you healthy. Eye exams can diagnose diseases such as glaucoma, macular degeneration, and cataracts. They can also help spot health problems such as diabetes, high blood pressure, and certain cancers.

Finding out about these problems early means you can get treatment early. This can help you get better and lower your healthcare costs!

VISION SERVICE PLAN



800-877-7195

vsp.com

GROUP NUMBER: 30021702

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

Note: You will not receive a VSP membership card when enrolling in this voluntary benefit.

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 discount may be provided at the discretion of the VSP provider.

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 premium section of this booklet. The VSP Vision Care Plan is a voluntary option in which the employee pays the full monthly premium.

HOW TO USE YOUR VISION PLAN

- To obtain vision care services, call your VSP doctor. Contact VSP to locate a VSP network doctor.
- When making an appointment, identify yourself as a VSP member, provide your member identification number and the CSU group name/ number, the network doctor will contact VSP to verify eligibility and plan coverage and obtain authorization for eye exam services and eyewear.

Summary of Benefits

| Description | VSP Provider Coverage | Non-VSP Provider |
|---|-----------------------------|---|
| Exam (<i>once every calendar year</i>) | Full after \$40 copay | Reimbursed up to \$45 |
| Basic Lenses (<i>once every calendar year</i>) | \$25 copay for basic lenses | |
| <i>Single Vision</i> <i>Lined Bifocal</i> <i>Lined Trifocal</i> | Full after copayment | Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 |
| Frames (<i>once every other calendar year</i>) | Up to \$175 allowance | Reimbursed up to \$70 |
| Contact lenses (<i>once every calendar year</i>) | Up to \$175 allowance | Reimbursed up to \$105 |

VISION SERVICE PLAN, CONT'D

EYEGLASSES

VSP covers full single-vision, lined bifocal, and 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 a \$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.

EXTRA SAVINGS

As a VSP member, there are so many ways to save!

Visit VSP Special Offers to view exclusive member extras!

CONTACT LENSES

Contact lens services and materials are covered instead of frames and lenses. If a patient purchases contacts instead of glasses, the plan will cover up to \$150 for 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 on their professional services for contact lenses (fitting and evaluation their professional services for contact lenses (fitting and evaluation)).

