# A Look at Your VSP Vision Coverage

With VSP and University of California Retirees, your health comes first.



Enroll in VSP<sup>®</sup> Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

#### Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras offers from VSP and leading industry brands.

#### Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



#### Shop online and connect your benefits.

Eyeconic<sup>®</sup> is the preferred VSP online retailer where eyeconic you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

#### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. An annual eye exam helps to detect how well you can see and allows a doctor to detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

vsp.		1
vision	care	

UNIVERSITY OF CALIFORNIA

# **2023 RETIREE VISION**

#### **Bye-bye Bifocals**

Progressive lenses offer clear vision at all distances-without annoying image jumps.

#### Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

	WITHOUT VSP	WITH VSP COVERAGE	
Eye Exam	\$194	\$10	
Frame	\$160	- \$25	
Bifocal Lenses	\$158		
Standard Progressive Lenses	\$96	\$0	
Light-reactive Lenses	\$128	\$0	
Impact-resistant Lenses	\$65	\$0	
Retiree-only Annual Contribution	N/A	\$139.32	
Total	\$801	\$174.32	

Based on state and national averages for eye exams and most commonly purchased brands. This chart represents average savings for VSP members. Your actual savings will depend on the eyewear you choose, the plan available to you, your copays, your premium, and whether it is deducted from your paycheck pre-tax.

## YOUR ESTIMATED **ANNUAL SAVINGS WITH VSP**

\$626.68

Enroll today. 10/27/2022 - 11/18/2022 Contact us: 866.240.8344 or ucretirees.vspforme.com

# Your VSP Vision Benefits Summary

For complete vision benefit information, visit the UC benefits website at ucnet.universityofcalifornia.edu to review the VSP Evidence of Coverage booklet or request a copy by calling VSP at 866.240.8344.

#### **PROVIDER NETWORK:**

VSP Advantage EFFECTIVE DATE:

01/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY	
Your Coverage with a VSP Provider				
WELLVISION EXAM	<ul><li>Focuses on your eyes and overall wellness</li><li>Retinal screening</li></ul>	\$10 \$20	Every calendar year	
ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed	
PRESCRIPTION GLASSE	ES	\$25		
FRAME <sup>*</sup>	<ul> <li>\$180 featured frame brands allowance</li> <li>\$160 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$90 Walmart*/Sam's Club*/Costco* frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year	
LENSES	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every calendar year	
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Tints/Light-reactive lenses</li> <li>Impact-resistant lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$0 \$55 \$55	Every calendar year	
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$160 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$O	Every calendar year	
<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.</li> <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>				
EXTRA SAVINGS	<ul> <li>Laser Vision Correction</li> <li>Average 15% off the regular price or 5% off the promotional price facilities</li> <li>After surgery, use your frame allowance (if eligible) for nonpresentational price of the promotion of the promotion</li></ul>	-		
YOUR MONTHLY CONTRIBUTION	\$11.61 Retiree only \$21.96 Retiree + spouse \$22.15 Ret	iree + child(ren)	\$27.12 Retiree + family	

### Your plan provides the following out-of-network reimbursements:

Examup to \$40	Lined Bifocal Lensesup to \$60	Contactsup to \$160
Frame up to \$45	Lined Trifocal Lensesup to \$80	Tintsup to \$5
Single Vision Lensesup to \$40	Progressive Lensesup to \$80	

+Coverage with a retail chain may be different or not apply.

<sup>++</sup>When contacts are obtained, frames become available the next calendar year

VSP guarantees member satisfaction from VSP providers only. 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.