VSP® Disclosure Statement and Evidence of Coverage

UNIVERSITY OF CALIFORNIA
Plan Administrator

Contract Numbers:
Active Employees – 00101923
Retirees – 12334445

Effective January 1, 2026

UNIVERSITY OF CALIFORNIA
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T.D.D. for the hearing impaired
711

VSP is an Equal Opportunity and Affirmative Action Employer

FOREWORD

The University of California-sponsored vision plan from VSP provides vision care for eligible employees, Retirees, and their eligible family members.

This Disclosure Statement and Evidence of Coverage constitutes only a summary. The University's vision plan is fully governed by the terms and conditions of the contract between The Regents of the University of California and VSP, and by the University's group insurance regulations. Those terms and conditions apply if the information in this publication is not the same. Some provisions of the program may not apply to employees in certain exclusively represented bargaining units.

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UNIVERSITY OF CALIFORNIA ELIGIBILITY AND ENROLLMENT
January 1, 2026

The University establishes its own vision plan eligibility, enrollment, and termination criteria based on the University of California Group Insurance Regulations and any corresponding Administrative Supplements.

ELIGIBILITY

EMPLOYEES

Information pertaining to your eligibility, enrollment, cancellation, or termination of coverage and conversion options can be found in the "**A Complete Guide to Your UC Health and Welfare Benefits**." A copy of this booklet is available in the HR Forms & Publications section of UCnet (**ucnet.universityofcalifornia.edu**). Additional resources are also available in the Employee Benefits section of UCnet to help you with your health and welfare plan decisions.

RETIREES

Information pertaining to your eligibility, enrollment, cancellation, or termination of coverage and conversion options can be found in the "**Group Insurance Eligibility Fact Sheet for Retirees**." A copy of this fact sheet is available in the HR Forms & Publications section of UCnet **(ucnet.universityofcalifornia.edu**). Additional resources are also available in the Retirees section of UCnet to help you with your health and welfare plan decisions.

ENROLLMENT

EMPLOYEES

Information pertaining to enrollment can be found in the "**A Complete Guide to Your UC Health and Welfare Benefits**." A copy of this booklet is available in the HR Forms & Publications section of UCnet (**ucnet.universityofcalifornia.edu**).

RETIREES

Information pertaining to enrollment can be found in the "**Group Insurance Eligibility Fact Sheet for Retirees**." A copy of this fact sheet is available in the HR Forms & Publications section of UCnet (**ucnet.universityofcalifornia.edu**).

SUMMARY OF BENEFITS

The benefits described herein are available to covered persons (You) from any VSP network doctor or non-VSP provider.

VSP network.....Advantage

If you choose to visit a VSP network doctor, there is a copay amount payable by you to the VSP network doctor at the time of the exam and a separate copay when frames and lenses are ordered.

Note: The copays do not apply to the exam/materials for elective contact lenses

1. **Exam:** You are entitled to a comprehensive eye exam to determine the presence of vision problems or other abnormalities. Services shall be provided once every calendar year.

2. **Lenses:** The VSP network doctor will order the proper lenses necessary for your visual welfare. The doctor shall verify the accuracy of the finished lenses. Tinted, polycarbonate, and standard progressive lenses are covered in full. Active cost for premium progressive lenses ranges from $95-$105. Active cost for custom progressive lenses ranges from $150-$175. Premium and custom progressive lenses are covered after a $55 copay for Retirees when dispensed by a VSP network doctor. The plan covers lenses once every calendar year.

3. **Frame:** The plan covers a frame allowance of up to $160. The frame benefit provides you the choice to select a frame that fits your lifestyle. If you choose a frame valued at more than your allowance, you will save 20% on your out-of-pocket costs. Have your doctor help you choose the best frame for you based on your VSP coverage. The plan covers frames once every other calendar year. For more information on how your eligibility for frames may be affected if you receive contact lenses, please see “Contact Lenses” below.
   VSP offers even more value by providing 20% savings on additional pairs of prescription and non-prescription glasses, including sunglasses.

4. **Contact Lens Exam (fitting and evaluation):** The contact lens exam will be fully covered after your copay (up to $60). Contact lens exam applies to all contact lens wearers (standard and premium) and helps to ensure a proper fit of your contacts and evaluates your vision with the contacts. This is a separate service from the contact lens materials benefit. Contact Lens Exam is available once every calendar year. This benefit applies to Active employees only.

5. **Contact Lenses (instead of glasses):** Elective contact lenses are covered up to $160 for Active employees and Retirees. Contact lenses are in lieu of lenses and frames for that eligibility period. Copays do not apply. For Active employees, the full $160 allowance is applied to the contact lens materials. For Retirees, the $160 allowance is applied to the contact lens materials and contact lens exam.

   Medically necessary contact lenses may be prescribed by a VSP network doctor for certain conditions. A VSP network doctor receives prior approval for such cases. They are fully covered by VSP after your materials copay and are in lieu of all benefits for that eligibility time period. You will be reimbursed according to a provider schedule if you receive medically necessary contact lenses through a non-VSP provider, (see PROVISIONS FOR A NON-VSP PROVIDER section).

   Discounted Contact Lens Services: The additional value of VSP is also extended to include a 15% discount on contact lens fitting and evaluation services. This benefit is available in conjunction

with your VSP contact lens allowance, or you can use it to purchase contacts in addition to glasses. The discount does not apply to the cost of the materials.
The additional discounts are available from any VSP doctor within twelve months of your last eye exam.

6. **Extra Savings:**
    - 20-25% savings on lens enhancements, such as scratch-resistant, anti-reflective coatings and progressive lenses.
    - 20% off unlimited additional pairs of glasses valid through any VSP doctor within twelve months of the last covered eye exam.

7. **Retinal Screening:** Actives and Retirees pay a $20 copay on routine retinal screening as an enhancement to your WellVision Exam®. Use of retinal imaging, which takes a picture of the back of your eye, helps your VSP doctor find and track possible signs of eye disease.

8. **Low Vision:** The low vision benefit is available if you have severe visual problems that are not correctable with regular lenses. This benefit is subject to the following limitations:
    a) **Prior Authorization** – When a VSP network doctor suspects a low vision condition, the doctor requests advance approval prior to beginning service. VSP consultants may authorize supplementary testing by the doctor to determine the nature of the problem and allow the doctor to gather enough facts to propose a treatment plan. The supplementary testing is paid by the plan with no copay by you.
    b) **Copay** – After supplementary testing, the doctor submits the treatment plan to VSP consultants for review. If the plan is approved, the VSP consultants will authorize benefits on a copay basis, with 75% of the cost being paid by VSP and 25% of the cost being paid by you.
    c) **Maximum Benefit** – VSP will pay a maximum of $1,000 (excluding copays) every two calendar years for approved low-vision care. The maximum includes supplementary testing.

    Low-vision benefits secured from a non-VSP provider are subject to the same time limits and copay arrangements as described herein for a VSP network doctor. You pay the non-VSP provider the full fee. You will be reimbursed up to $1,000 every two years, and you will be responsible for amounts in excess of this limit.

9. **Essential Medical Eye Care:** The Essential Medical Eye Care Program provides covered-in-full retinal screening for members with diabetes who do not have diabetic eye disease. Additional exams and services that track and monitor diabetic eye disease progression, diagnose and monitor glaucoma and cataracts, treatment for dry eye, pink eye, and foreign body removal are also covered with a $20 copay.

10. **VSP Laser VisionCare℠ Program:** VSP has contracted with many of the nation's finest laser surgery facilities and doctors offering you access to laser vision correction surgery for hundreds of dollars less than what you might pay privately. Details about VSP's Laser VisionCare Program, as well as comprehensive information about laser vision correction surgery, can be found on the VSP website (**vsp.com**) or by contacting VSP at **866.240.8344**.

    Sunglasses Following Laser Vision Surgery: Members who have had laser vision surgery can use their frame allowance to buy non-prescription sunglasses from their VSP doctor.

VSP NETWORK DOCTOR AND NON-VSP PROVIDER COPAY SCHEDULE

There shall be a copay for the exam, payable by you, to the VSP network doctor at the time of the exam; however, if materials (lenses and/or frames) are provided, you must pay an additional copay at the time the materials are ordered as noted below:

Lenses and/or frames $25
Exam $10
Contact Lens Exam*..... up to $60
Essential Medical Eye Care Program $20

*Active Employees Only

Any additional care, service, and/or material not covered by this plan may be arranged between you and the doctor.

PROVISIONS FOR VSP NETWORK DOCTORS AND PARTICIPATING RETAIL CHAINS

The VSP plan provides you with a choice. If you elect to receive vision care services from one of the VSP network doctors or Participating Retail Chains, covered services, as described herein, are provided at no out-of-pocket cost after any applicable copays. Selecting a VSP network doctor or Participating Retail Chains assures direct payment to the doctor and a guarantee of quality and cost control.

PARTICIPATING RETAIL CHAINS

Participating Retail Chains are providers of covered services who are not contracted as VSP Doctors but who have agreed to bill VSP directly for the Plan Benefits described herein. However, some Participating Retail Chains may be unable to provide all Plan Benefits described herein. You should discuss requested services with your provider, log in to **vsp.com**, or contact VSP Customer Care for details.

FILING A CLAIM FOR NON-VSP PROVIDER SERVICES

Follow these steps to file a claim if you obtain services and/or materials from a non-VSP provider:

1. Pay the provider the full amount of the bill and request a copy of the bill that shows the amount of the eye exam, lens type, and frame.
2. Visit the **Benefits & Claims** section of **vsp.com** to begin your claim.
3. Complete the claim form. Make sure you have a copy of your itemized receipt or statement that includes:
    - Doctor name or office name
    - Name of Patient
    - Date of Service
    - Each service received and the amount paid
4. After completing the claim form, you may attach your receipt(s) or print and mail copies of your claim form and receipt(s) to:

    VSP
    PO Box 495933
    Cincinnati, OH 45249

Claims must be submitted within twelve months of completion of services, VSP will reimburse in accordance with the schedule below.

Availability of services under this reimbursement schedule is subject to the same time limits and copays as those described on pages 4 through 7. Services obtained from a non-VSP provider are in lieu of obtaining service from a VSP network doctor.

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Maximum reimbursement for services from an out-of-network provider:

PROFESSIONAL FEES
Exam covered up to.....$40

MATERIALS
Single Vision Lenses.....$40
Bifocal Lenses $60
Trifocal Lenses.....$80
Lenticular Lenses $125
Frame $45
Tints and Polycarbonate Lenses.....$5

CONTACT LENSES*
Necessary $250
Elective $160

*Determination of necessary versus elective contact lenses under the non-VSP provider reimbursement schedule will be consistent with VSP network doctor services. The actual reimbursement to you shall be either the amount shown above, or the amount charged by the provider of such services, whichever is the least amount.

Note: The amounts shown are maximums. Reimbursement for necessary and elective contact lenses is in lieu of lenses and frames for the periods stated.

DISCLAIMERS, EXCLUSIONS, AND LIMITATIONS

The plan is designed to cover visual needs rather than cosmetic materials. If you select any of the following, the plan will pay the basic cost of the allowed lenses, and you will pay the additional costs for the options:

(a) Anti-glare coating blended lenses
(b) Contact lenses (see SUMMARY OF BENEFITS for provisions)
(c) Oversize lenses
(d) Progressive multifocal lenses for Active employees
(e) Coating of a lens or lenses
(f) Laminating of a lens or lenses
(g) Frame that cost more than the plan allowance
(h) Certain limitations on low vision care
(i) Cosmetic lenses
(j) Optional cosmetic processes

There is no benefit for professional services or materials connected with:

(a) Orthoptics; vision training; any associate supplemental testing
(b) Plano lenses (non-prescription)
(c) Two pairs of glasses, in lieu of bifocals
(d) Replacement of lost, broken, or stolen lenses and frames (furnished under this plan)*
(e) Medical or surgical treatment of the eyes
(f) Services and/or materials in excess of those provided under this plan needed because of a job requirement
(g) Protective eyewear

*These will not be replaced except at the normal intervals when services are otherwise available

Exclusions and limitations of benefits described above shall also apply to services rendered by Participating Retail Chain providers. Services from a Participating Retail Chain Provider are in lieu of services from a VSP network doctor or a Non-VSP Provider. Where Participating Retail Chain Providers are located in membership retail environments, you may be required to purchase a membership in such entities as a condition of obtaining Plan Benefits.

PROCEDURE FOR USING THE PLAN

1. When you are ready to obtain vision care services, call your VSP network doctor. If you need to locate a VSP network doctor, call VSP at **866.240.8344** or visit the VSP website at **vsp.com**.
2. When making an appointment, identify yourself as a VSP member. The VSP network doctor will also need the covered member's identification number and the covered member's group name (University of California). The VSP network doctor will contact VSP to verify your eligibility and plan coverage. The VSP network doctor will also obtain authorization for services and materials. If you are not eligible, the VSP network doctor will notify you.
3. The VSP network doctor will provide an eye exam and determine if eyewear is necessary. If so, the VSP network doctor will coordinate the prescription with a VSP-approved contract laboratory. The VSP network doctor will itemize any non-covered charges and have you sign a form to document that you received services. VSP will pay the VSP network doctor directly for covered services and materials. You are responsible for paying the doctor a $10 copay for the eye exam and a $25 copay for lenses and/or frames. The copays will not apply toward an elective contact lens exam and materials. You are responsible for any additional costs resulting from cosmetic options or non-covered services and materials you have selected. Selecting a VSP network doctor from VSP's network assures direct payment to the doctor and guarantees quality services and materials.

COORDINATION OF BENEFITS

If you have dual coverage and are covered by more than one vision plan (whether it be another carrier or another VSP plan), you may:

Use each plan individually (based on what each plan offers) for either two separate exams and/or materials from each plan. For example, contact lenses from one plan and glasses from the other plan or two sets of glasses (one pair from each plan).

OR

Choose to have both plans pay for one set of services to offset plan copayment(s), lens enhancements and/or frame overage, up to, but not more than the billed amount.

Note: Check with your VSP Doctor for coordination of benefits details.
Determine Primary and Secondary Plan

- The plan that covers you as an employee is primary.
- The plan that covers you as dependent is secondary.
- If the patient is a dependent child and is covered under both parent's plans, the parent whose birth date falls first in the calendar year has the primary plan. If the parents are separated or divorced, the parent with custody is primary, or the parent decreed by the court to be responsible is primary.

Coverage
The primary plan pays as if the secondary plan does not exist. If a VSP plan is the secondary plan, you may receive allowances (examination, lenses, and frame) that will be used to pay up to, but not more than, your out-of-pocket expenses.

REQUEST FOR APPEALS

If your claim for benefits is denied by VSP, in whole or in part, VSP will notify you in writing of the reason or reasons for the denial. Within 180 days after receipt of such notice of denial of a claim, you may make a verbal or written request to VSP for a full review of such denial. The request should contain sufficient information to identify the covered person for whom a claim for benefits was denied including the name of the VSP enrollee, member identification number of the VSP enrollee, your name, date of birth, and the name of the provider of services and the claim number. You may state the reasons you believe that the claim denial was in error. You may also provide any pertinent documents to be reviewed. VSP will review the claim and give you the opportunity to review pertinent documents, submit any statements, documents, or written arguments in support of the claim, and appear personally to present materials or arguments. You or your authorized representative should submit all requests for appeals to:

VSP
ATTN: Claim Appeals
PO Box 2350
Rancho Cordova, CA 95741
866.240.8344

COMPLAINTS AND GRIEVANCES

If you have a complaint or grievance regarding a VSP service or claim payment, you may communicate your complaint or grievance to VSP by using a complaint form, which may be obtained by calling the VSP Member Services Department's toll-free number at **866.240.8344**, Monday through Saturday, 6:00 a.m. - 5:00 p.m. (PT), Sunday, closed. The completed form should be sent to the address shown on the front of this booklet. VSP shall acknowledge receipt of your grievance within five business days of receipt by VSP. VSP shall also provide a written response to your grievances as required by VSP's licensing statute, the Knox-Keene Health Care Service Plan Act of 1975, as amended. There shall be no discrimination against a member on the basis of filing a complaint or grievance.

The California Department of Managed Health Care is responsible for regulating health service plans. The department's Health Plan Division has a toll-free telephone number (**800.466.2219**) to receive complaints regarding health plans. The hearing and speech impaired may use the California Relay Service's toll-free telephone numbers **800.735.2929** (TTY) or **888.877.5378** (TTY) to contact the department. The department's website (hmohelp.ca.gov) has complaint forms and instructions online. If you have a grievance against the

health plan, you should first contact your plan at **866.240.8344** and use the plan's grievance process before contacting the Health Plan Division.
If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by the plan, or a grievance that has remained unresolved for more than 60 days, you may call the Health Plan Division for assistance.

The plan's grievance process and the Health Plan Division's complaint review process are in addition to any other dispute resolution procedures that may be available to you. Your failure to use these procedures does not preclude your use of any other remedy provided by law.

LIABILITY IN THE EVENT OF NON-PAYMENT

In the event VSP fails to pay the VSP doctor, you shall not be liable to the doctor for any sums owed by VSP other than those not covered by the Plan.

TERMS AND CANCELLATIONS

This contract will continue until terminated by either party, giving the other 60 days prior written notice. VSP reserves the right to reject any and all claims for services or benefits which are filed more than 12 months after completion of services.

DEFINITIONS

Coated Lenses – A substance is added to a finished lens on one or both surfaces.

Covered Person – The employee/retiree and their eligible and enrolled dependents, of the employer participating in this program.

Group – The entity that contracts with VSP on behalf of its members.

Materials – Lenses, frames, low vision aids, and contact lenses.

Orthoptics – The teaching and training process for the improvement of visual perception and coordination of the two eyes for efficient and comfortable binocular vision.

Oversize Lenses – Larger than standard lenses.

Photochromic Lenses – Lenses that change color with intensity of sunlight.

Participating Retail Chains – While participating retail chains are not VSP network doctors, they must undergo license verification and meet NCQA standards and may provide a covered-in-full experience to VSP members.

Plan Administrator – University of California.

Plano Lenses – Lenses with no refractive power.

Polycarbonate Lenses – The most impact-resistant lens. Thinner than regular plastic lenses. Appropriate for active lifestyles, especially kids.

Professional Service – Exam, material selection, fitting of glasses, and related adjustments.

Progressive Lenses – A multifocal lens with no distinct lines. Changes from distance correction in the top half of the lens to reading correction in the bottom half of the lens.

Tinted Lenses – Lenses which have additional substance added to produce constant tint (e.g., pink, green, gray, and blue).

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