



A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM THE UNIVERSITY OF CALIFORNIA AND VSP.



UNIVERSITY
OF
CALIFORNIA

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.



You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

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. Visit **vsp.com** or call **866.240.8344**.
- At your appointment, tell them you have VSP. No ID card needed! If you'd like a card as reference, you can print one on **vsp.com**.

Bye-bye, Bifocals!

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

UC Retirees

Enroll Today.

10/29/2020 - 11/24/2020

Contact us: **866.240.8344** or **ucetirees.vspforme.com**

YOUR VSP VISION BENEFITS SUMMARY

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

PROVIDER NETWORK:

VSP Advantage

EFFECTIVE DATE:

01/01/2021



| Benefit | Description | Copay | Frequency |
|---|---|---|---------------------------|
| Your Coverage with a VSP Provider | | | |
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness | \$10 | Every calendar year |
| PRESCRIPTION GLASSES | | \$25 | See frame and lenses |
| Frame | <ul style="list-style-type: none"> \$160 allowance for a wide selection of frames \$180 allowance for featured frame brands 20% savings on the amount over your allowance \$90 Walmart*/Sam's Club*/Costco* frame allowance | Included in Prescription Glasses | Every other calendar year |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for children and adults | Included in Prescription Glasses | Every calendar year |
| Lens Enhancements | <ul style="list-style-type: none"> Tints/Light-reactive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements | \$0 \$0 \$55 \$55 | Every calendar year |
| Contacts (instead of Glasses) | <ul style="list-style-type: none"> \$110 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on contact lens exam (fitting and evaluation) | \$0 | Every calendar year |
| Diabetic Eyecare Plus ProgramSM | <ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. | \$20 per exam | As needed |
| Extra Savings | Glasses and Sunglasses | <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam | |
| | Retinal Screening | <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam | |
| | Laser Vision Correction | <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | |
| Your Monthly Contribution | \$11.12 Retiree only \$21.03 Retiree + spouse \$21.22 Retiree + child(ren) \$25.98 Retiree + family | | |

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

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|----------------------------|------------|-----------------------------|------------|---------------|-------------|
| Exam | up to \$40 | Lined Bifocal Lenses | up to \$60 | Contacts..... | up to \$110 |
| Frame | up to \$45 | Lined Trifocal Lenses | up to \$80 | Tints..... | up to \$5 |
| Single Vision Lenses | up to \$40 | Progressive Lenses | up to \$80 | | |

Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network 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.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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