



2017–Vision Plans

Anthem, Vision Service Plan (VSP) and EyeMed Vision Care

The benefit offerings include access to three separate vision plans. The CSU medical plans include eye exam benefits. A voluntary vision insurance plan through VSP is primarily intended as a materials plan (i.e. glasses, contacts), but also provides a secondary eye exam benefit. And thirdly, a discount vision plan is available at no cost through EyeMed Vision Care. Carefully review this summary and other materials referenced below for plan benefit information.

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 (see SPD for complete plan details).

The VSP Vision Care Plan

VSP is a voluntary vision insurance plan. Exams and materials are subject to copays and annual benefit allowances. VSP offers contracted providers with discounted service fees.

EyeMed Vision Care

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.

**Anthem Medical Plans
(Green, Gold, Ram Plan-HDHP & POS)**

Vision Exam

POS Plan

- \$15 copay.....every calendar year
(In-network providers only)

Gold Plan

- 80% after the \$750 individual medical plan deductible

Green Plan

- 80% after the \$1,000 individual medical plan deductible

Ram Plan-HDHP

- 80% after the \$1,500 individual medical plan deductible
(Participating and Non-Participating Providers—Green, Gold, Ram Plan-HDHP)

Vision exam is limited to one routine eye exam per calendar year per member;

**Voluntary VSP Vision Care Plan
Vision exam, materials and discounts**

In-Network coverage—VSP Providers

Vision Exam - \$40 copay.....every calendar year

**Prescription Glasses - \$25 copay for lenses and/or frames
Lenses.....one set covered every calendar year**

- Single vision, lined bifocal, and lined trifocal lenses
- Polycarbonate lenses for dependent children

Frame.....every other calendar year

- \$130 allowance for frame of your choice
- 20% off the amount over your allowance

~OR~

Contact Lens Care – In lieu of lenses and/or frame

\$130 allowance for contacts of your choice; no copay

Contact Lens Exam.....every calendar year

Out-of-Network Coverage

Exam..... Up to \$45

Single vision lenses Up to \$30

Lined bifocal lenses Up to \$50

Lined trifocal lenses Up to \$65

Frame..... Up to \$70

Contacts..... Up to \$105

Additional Discounts and Savings

Glasses and Sunglasses – average 20-25% savings on non-covered lens options; 20% off additional glasses from any VSP doctor within 12 months of your VSP exam.

Contacts – 15% discount on fitting and evaluation; copay up to \$60

Laser Vision Correction – average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

Low Vision Benefits – refer to www.vsp.com

Monthly Premiums

Employee Only.....\$5.08

Employee + 1.....\$10.15

Family.....\$16.36

**EyeMed Vision Care
Discounts on exams and materials**

In-Network Coverage Only

The EyeMed Vision Care Discount Plan provides the following value-added features:

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

EyeMed Provider Network

The network includes private practice optometrists, ophthalmologists, opticians, and some of the nation's top optical retailers including LensCrafters, Target, Sears Optical and most Pearle Vision locations.

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



Summary of Vision Plans (VSP)



Vision Service Plan (VSP)

Group #30021702

(800) 877-7195

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

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 VSP discount may be provided subject to the discretion of the VSP provider.

Enrollment/Changes

Refer to Enrollment and Changes in the Administrative Provisions section.

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



How to Use Your Vision Plan

- To obtain vision care services, call your VSP doctor. To locate a VSP network doctor, call VSP at (800) 877-7195 or visit their website at www.vsp.com or contact Human Resources at (970) 491-MyHR (6947).
- When making an appointment, **identify yourself as a VSP member**, provide your member identification number and the

Summary of Benefits		
Description	Level of Coverage from a VSP doctor	Non-VSP Doctor or Provider Reimbursement
Exam - once every calendar year	Covered in full after \$40 copayment	Reimbursed up to \$45
Basic Lenses – once every calendar year	\$25 copayment for lenses, frames or both lenses and frames	
Single Vision	Covered in full after copayment	Reimbursed up to \$30
Lined Bifocal	Covered in full after copayment	Reimbursed up to \$50
Lined Trifocal	Covered in full after copayment	Reimbursed up to \$65
Frames / once every other calendar year	Covered up to \$130 allowance	Reimbursed up to \$70
Contact lenses / once every calendar year	Covered up to \$130 allowance	Reimbursed up to \$105

CSU group name/number. The VSP network doctor will contact VSP to verify eligibility and plan coverage and obtain authorization for eye exam services and eyewear.

- When you arrive at your appointment, the VSP network doctor will provide an eye exam and determine if eyewear is necessary. The doctor will coordinate the prescription with a VSP approved lab if you choose to purchase glasses or contacts. The doctor will itemize any non-covered charges and have you sign a form to document that you received services.

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

However, you may download a card at www.vsp.com which has your group number, co-pays and coverage level.

Eyeglasses

VSP covers in full single vision, lined bifocal, 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 \$130 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.

Contact Lenses

Contact lens services and materials are covered instead of frames and lenses. If a patient chooses to purchase contacts instead of glasses, the plan will cover up to \$130 towards 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 off their professional services for contact lenses (fitting and evaluation).