



Life is
better in
focus.™

Get access to the best in eye care and eyewear with Michigan State University and VSP® Vision Care.

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the low out-of-pocket costs.
- **High Quality Vision Care.** You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Look into the new Premium Coverage with VSP EasyOptions.

With VSP EasyOptions, you and each member on your plan can **choose one** of these enhanced eyewear options when purchasing your glasses or contacts:

- An additional \$100 frame allowance, or
- An additional \$50 contact lens allowance, or
- Fully covered premium & custom progressive lenses, or
- Fully covered anti-reflective coatings.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP network doctor.



**MICHIGAN STATE
UNIVERSITY**

Designed for Michigan State University Retirees

Enroll in VSP today at
msuretirees.vspforme.com
Contact us | 800.400.4569

Your VSP Vision Benefits Summary

VSP Provider Network: VSP Choice

Michigan State University and VSP provide you a choice in your vision plan—choose the Standard Coverage or select the Premium Coverage with VSP EasyOptions. Each plan will allow you and each VSP member on your plan to choose benefits you'll use and love.

Enrollment is ongoing! The effective date will be first of the month following your enrollment.

Standard Coverage (with VSP Providers)			New Premium Coverage with VSP Easy Options (with VSP Providers)		
Benefit	Description	Copay	Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
Prescription Glasses		\$25	Prescription Glasses		\$25
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$200 allowance for featured frame brands \$80 Costco®, Walmart & Sam's Club frame allowance 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20–25% savings on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20–25% savings on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
			VSP EasyOptions <small>*EasyOptions is not available at Costco, Walmart or Sam's Club</small>		
			• You and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses: an additional \$100 frame allowance, or an additional \$50 contact lens allowance, or fully covered premium & custom progressive lenses, or fully covered anti-reflective coatings.		

Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
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Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$50 to spend on featured frame brands. Go to vsp.com/specialoffers 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	<ul style="list-style-type: none"> Retiree Only Retiree + 1 Retiree + Family 	\$8.69 \$17.38 \$17.80	Your Monthly Contribution	<ul style="list-style-type: none"> Retiree Only Retiree + 1 Retiree + Family 	\$12.59 \$25.17 \$25.78
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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 our out-of-network plan details.

Exam.....up to \$45	Single Vision Lenses.....up to \$30	Lined Trifocal Lenses.....up to \$65	Contacts.....up to \$105
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$50	

Coverage with a participating retail chain may be different. EasyOptions Plan Benefits are not available at Costco, Walmart or Sam's Club. VSP guarantees coverage 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.

Contact us. 800.400.4569 | msuretirees.vspforme.com

1. Brands/Promotion subject to change.

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