

## A LOOK AT YOUR VSP VISION COVERAGE

### SEE HEALTHY AND LIVE HAPPY WITH HELP FROM MICHIGAN STATE UNIVERSITY AND VSP.



MICHIGAN STATE  
UNIVERSITY

Enroll in VSP® Vision Care to get personalized eye care from a VSP network doctor at low out-of-pocket costs.

#### DESIGNED FOR MICHIGAN STATE UNIVERSITY RETIREES

#### 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.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Visionworks

**Like shopping online?** Go to **eyeconic.com** and use your vision benefits to shop over 50 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®—a comprehensive exam designed to detect eye and health conditions.

#### VSP EASYOPTIONS

If you choose to enroll in the Premium Plan each member on your plan can personalize their benefit with ease. Choose the upgrade that's right for you! Check out the plan grid to see your options.

#### GET YOUR PERFECT PAIR

**ADDITIONAL \$50 +**  
TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE NINE WEST

SEE MORE BRANDS AT [WWW.VSP.COM/FRAMEBRANDS](http://WWW.VSP.COM/FRAMEBRANDS)

UP  
TO **40%**  
SAVINGS ON LENS  
ENHANCEMENTS



Contact us: **800.400.4569** or [msuretirees.vspforme.com](http://msuretirees.vspforme.com)

\*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.

## YOUR VSP VISION BENEFITS SUMMARY

Michigan State University and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

**Enrollment is ongoing!** Coverage is effective the first of the month following enrollment.

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

\*If you enroll in Vision coverage effective 1/1/2022 or later, this plan summary applies to your coverage.

\*If you have Vision coverage effective prior to 1/1/2022 and maintain coverage into 2022, this plan summary will apply as of your renewal date on or after 1/1/2022.



| BENEFIT                                           | DESCRIPTION                                                                                                                                                                                                                                                                                           | COPAY                                               |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>STANDARD PLAN</b> Coverage with a VSP Provider |                                                                                                                                                                                                                                                                                                       |                                                     |
| <b>WELLVISION EXAM</b>                            | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>                                                                                                                                                                              | \$10                                                |
| <b>PRESCRIPTION GLASSES</b> \$20                  |                                                                                                                                                                                                                                                                                                       |                                                     |
| <b>FRAME</b>                                      | <ul style="list-style-type: none"> <li>\$200 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>\$150 Walmart*/Sam's Club*/Costco* frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>                                | Included in Prescription Glasses                    |
| <b>LENSES</b>                                     | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>                                                                                                        | Included in Prescription Glasses                    |
| <b>LENS ENHANCEMENTS</b>                          | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>UV protection</li> <li>Light-reactive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul> | \$0<br>\$95 - \$105<br>\$150 - \$175<br>\$0<br>\$75 |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>              | <ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>                                                                                                                 | Up to \$60                                          |
| <b>YOUR MONTHLY CONTRIBUTION</b>                  | <ul style="list-style-type: none"> <li>Retiree only</li> <li>Retiree + 1</li> <li>Retiree + family</li> </ul>                                                                                                                                                                                         | \$8.55<br>\$17.09<br>\$17.51                        |

| BENEFIT                                                          | DESCRIPTION                                                                                                                                                                                                                                                                                           | COPAY                                               |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>PREMIUM WITH VSP EASYOPTIONS</b> Coverage with a VSP Provider |                                                                                                                                                                                                                                                                                                       |                                                     |
| <b>WELLVISION EXAM</b>                                           | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>                                                                                                                                                                              | \$10                                                |
| <b>PRESCRIPTION GLASSES</b> \$20                                 |                                                                                                                                                                                                                                                                                                       |                                                     |
| <b>FRAME</b>                                                     | <ul style="list-style-type: none"> <li>\$200 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>\$150 Walmart*/Sam's Club*/Costco* frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>                                | Included in Prescription Glasses                    |
| <b>LENSES</b>                                                    | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>                                                                                                        | Included in Prescription Glasses                    |
| <b>LENS ENHANCEMENTS</b>                                         | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>UV protection</li> <li>Light-reactive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul> | \$0<br>\$95 - \$105<br>\$150 - \$175<br>\$0<br>\$75 |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>                             | <ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>                                                                                                                 | Up to \$60                                          |
| <b>VSP EASYOPTIONS (CHOOSE ONE OF THESE UPGRADES)</b>            | <ul style="list-style-type: none"> <li>An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered anti-glare coating, or an additional \$50 contact lens allowance</li> <li>Every calendar year</li> </ul>                                          | Included in Prescription Glasses                    |
| <b>YOUR MONTHLY CONTRIBUTION</b>                                 | <ul style="list-style-type: none"> <li>Retiree only</li> <li>Retiree + 1</li> <li>Retiree + family</li> </ul>                                                                                                                                                                                         | \$12.38<br>\$24.75<br>\$25.35                       |

|                                       |                                                                                                                                                                                                                                                                                                                                                   |                      |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>DIABETIC EYECARE PLUS PROGRAM™</b> | <ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul> | \$0<br>\$20 per exam |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|

|                      |                                  |                                                                                                                                                                                                       |
|----------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>EXTRA SAVINGS</b> | <b>Glasses and Sunglasses</b>    | <ul style="list-style-type: none"> <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> |
|                      | <b>Routine Retinal Screening</b> | <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>                                                       |
|                      | <b>Laser Vision Correction</b>   | <ul style="list-style-type: none"> <li>Average 15% savings on the regular price or 5% savings on the promotional price; discounts only available from contracted facilities</li> </ul>                |

## 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.

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

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of 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.