

A Look at Your VSP Vision Coverage

With VSP and Michigan State University,
your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks® retail locations nationwide.

	Preferred private practice and retail in-network choices
	private practice doctors
	Visionworks

Shop online and connect your benefits.

 Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 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®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

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.





Designed for Michigan
State University Retirees

More Ways
to Save

An additional
\$50
to spend on
Featured Frame Brands[†]

bebe CALVIN KLEIN
COLE HAAN DRAGON
FLEXON LACOSTE
and more

See all brands and offers
at vsp.com/offers.

+

Up to
40%
Savings on
lens enhancements[‡]

Enroll today.
Contact us: **800.400.4569** or msuretires.vspforme.com

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 your enrollment date and lasts for one year. Your current coverage will automatically renew after one year if you do not request to change or cancel your coverage prior to the renewal date.

Provider Network:

VSP Choice

Effective Date:

1/1/2024



BENEFIT	DESCRIPTION	COPAY
STANDARD PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every calendar year 	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES \$20		
FRAME⁺	<ul style="list-style-type: none"> Frame Allowance (varies by location): Visionworks locations: \$200 Walmart/Sam's Club/Costco: \$150 All other In Network Providers: \$150 for all frames + additional \$50 allowance for Featured Frame Brands 20% savings on the amount over your allowance Every other calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant 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 Light-reactive lenses UV protection Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175 \$75 \$0
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
YOUR MONTHLY CONTRIBUTION	\$8.55 Retiree only \$17.09 Retiree + 1 \$17.51 Retiree + family	

BENEFIT	DESCRIPTION	COPAY
PREMIUM PLAN WITH VSP EASYOPTIONS Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every calendar year 	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES \$20		
FRAME⁺	<ul style="list-style-type: none"> Frame Allowance (varies by location): Visionworks locations: \$200 Walmart/Sam's Club/Costco: \$150 All other In Network Providers: \$150 for all frames + additional \$50 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 Impact-resistant 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 Light-reactive lenses UV protection Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175 \$75 \$0
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⁺	Members can choose one of these upgrades <ul style="list-style-type: none"> 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 Every calendar year 	Included in Prescription Glasses
YOUR MONTHLY CONTRIBUTION	\$12.38 Retiree only \$24.75 Retiree + 1 \$25.35 Retiree + family	

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:

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	

[†] 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.
^{*} Coverage with a retail chain may be different or not apply.
 VSP guarantees member satisfaction 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.
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