

# 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

### 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.

vsp  
vision care

MSU  
BENEFITS PLUS

MICHIGAN STATE  
UNIVERSITY

## More Ways to Save

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

bebe CALVIN KLEIN  
COLE HAAN  
FLEXON LACOSTE   
 and more

See all brands and offers  
at [vsp.com/offers](https://vsp.com/offers).

+

Up to  
**40%**  
Savings on  
lens enhancements‡

To enroll, visit [MSUBenefitsPlus.com](https://MSUBenefitsPlus.com) during MSU's Open Enrollment period.  
For your vision plan questions contact VSP **800.877.7195**

*If you already have vision coverage with VSP and wish to continue your coverage, no action is needed. If you wish to add new coverage, change, or cancel existing coverage, please visit MSU Benefits Plus to take the appropriate action.*

†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.

# 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.

## Provider Network:

VSP Choice

## Effective Date:

01/01/2024



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>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b> \$20		
<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li><b>Frame Allowance (varies by location):</b></li> <li>Visionworks locations: \$200</li> <li>Walmart/Sam's Club/Costco: \$150</li> <li>All other In Network Providers: \$150 for all frames + additional \$50 allowance for Featured Frame Brands</li> <li>20% savings on the amount over your allowance</li> <li>Every other 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>Light-reactive lenses</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175 \$75 \$0
<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>	\$8.44 Member only \$16.86 Member + spouse	\$18.05 Member + child(ren) \$23.61 Member + family
<b>YOUR MONTHLY CONTRIBUTION (ACADEMIC YEAR, EIGHT MONTHS)</b>	\$12.66 Member only \$25.29 Member + spouse	\$27.08 Member + child(ren) \$35.42 Member + family

BENEFIT	DESCRIPTION	COPAY
<b>PREMIUM 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>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b> \$20		
<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li><b>Frame Allowance (varies by location)</b></li> <li>Visionworks locations: \$200</li> <li>Walmart/Sam's Club/Costco: \$150</li> <li>All other In Network Providers: \$150 for all frames + additional \$50 allowance for Featured Frame Brands</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>Light-reactive lenses</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175 \$75 \$0
<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<sup>+</sup></b>	<p><b>Members can choose one of these upgrades</b></p> <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>	\$12.54 Member only \$25.07 Member + spouse	\$26.83 Member + child(ren) \$35.12 Member + family
<b>YOUR MONTHLY CONTRIBUTION (ACADEMIC YEAR, EIGHT MONTHS)</b>	\$18.81 Member only \$37.61 Member + spouse	\$40.25 Member + child(ren) \$52.68 Member + family

<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b>
	<b>Laser Vision Correction</b>
	<b>Exclusive Member Extras</b>

- Discover all current eyewear offers and savings at [vsp.com/offers](https://vsp.com/offers).
- 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.
- Average of 15% off the regular price; discounts available at contracted facilities.
- Save up to 60% on digital hearing aids with TruHearing. Visit [vsp.com/offers/special-offers/hearing-aids](https://vsp.com/offers/special-offers/hearing-aids) for details.
- Contact lens rebates, lens satisfaction guarantees, and more offers at [vsp.com/offers](https://vsp.com/offers).
- Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values. Visit [vsp.com/simplevalues](https://vsp.com/simplevalues).