vsp vision care

MSU BENEFITS PLUS | MICHIGAN STATE UNIVERSITY

Make Eye Health a Priority with VSP!

With VSP® Vision Care and Michigan State University, your eye health matters. Take a look at your vision care coverage.

VSP members save an annual average of

$501*

and more when EasyOptions is selected.

Personalize Your Vision Coverage

Check out the Premium Plan with VSP EasyOptions on the back page to see how each member can select one covered eyewear upgrade.

To enroll, visit **MSUBenefitsPlus.com.**
Questions?
800.877.7195 (TTY: 711)

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 **MSUBenefitsPlus.com** to take the appropriate action.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your eye doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members can get special savings on popular frame brands and contact lenses, additional discounts on things like LASIK, and more.

The choice is yours!

With private practice doctors, Visionworks®, and Eyemart Express retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

vsp PREMIER edge

Get more at preferred in-network doctor locations

private practice doctors | Visionworks | EYEMART EXPRESS FAMILY OF STORES

Important Enrollment Information!

You may enroll during the annual open enrollment period for coverage to be effective January 1 of the following year. New employees or employees with a qualified life event may enroll within 30 days of their hire date or life event. If you enroll between the 1st-15th of the month, your coverage will be effective the first of the month following the month you enroll. If you enroll on or after the 16th day of the month, your coverage will be effective the first of the month after the next month following enrollment. Coverage cannot be changed or canceled until the next annual open enrollment period unless you have a qualifying life event.

*Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association. †Frame brands and promotion are subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible. ‡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. Availability of VSP Premier Edge may vary.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.
Visionworks, Eyeconic®, and Eyemart Express family of stores are VSP-affiliated companies.

Your VSP Benefits Summary

With a VSP plan through Michigan State University, you get affordable vision coverage for glasses, contacts, and more. Get coverage for essentials, or upgrade to enhance your coverage options.

Provider Network:
VSP Choice
Effective Date:
01/01/2027

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BENEFIT	DESCRIPTION	COPAY
STANDARD PLAN Coverage with a VSP Doctor		
WELLVISION EXAM®	• Focuses on your eyes and overall wellness • Routine retinal screening • Every calendar year	$10 Up to $39
ESSENTIAL MEDICAL EYE CARE	• 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+	**Frame allowance (varies by location)** • Visionworks or Eyemart Express locations: $200 • Walmart/Sam's Club/Costco: $150 • All other in-network providers: $150 for all frames plus additional $50 allowance for Featured Frame Brands • 20% savings on the amount over your allowance (excluding Walmart/ Sam's Club/Costco) • Every other calendar year	Included in Prescription Glasses
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS+	• 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)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year	Up to $60
YOUR MONTHLY CONTRIBUTION	$8.44 Member only **$16.86** Member + spouse	$18.05 Member + child(ren) $23.61 Member + family
YOUR MONTHLY CONTRIBUTION (ACADEMIC YEAR, EIGHT MONTHS)	$12.66 Member only **$25.29** Member + spouse	$27.08 Member + child(ren) $35.42 Member + family

BENEFIT	DESCRIPTION	COPAY
PREMIUM PLAN Coverage with a VSP Doctor		
WELLVISION EXAM®	• Focuses on your eyes and overall wellness • Routine retinal screening • Every calendar year	$10 Up to $39
ESSENTIAL MEDICAL EYE CARE	• 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+	**Frame allowance (varies by location)** • Visionworks or Eyemart Express locations: $200 • Walmart/Sam's Club/Costco: $150 • All other in-network providers: $150 for all frames plus additional $50 allowance for Featured Frame Brands • 20% savings on the amount over your allowance (excluding Walmart/ Sam's Club/Costco) • Every calendar year	Included in Prescription Glasses
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS+	• 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)	• $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** • 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	$15.68 Member only $31.35 Member + spouse	$33.54 Member + child(ren) $43.91 Member + family
YOUR MONTHLY CONTRIBUTION (ACADEMIC YEAR, EIGHT MONTHS)	$23.52 Member only $47.03 Member + spouse	$50.31 Member + child(ren) $65.87 Member + family

ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **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. • Get 20% off eyewear on **eyeconic.com** just for being a VSP member
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.
	VSP Member Extras • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Everyday savings on health, wellness, and more with VSP Simple Values.