



Make Eye Health a Priority with VSP!

Your health comes first with VSP and the University of California. Take a look at your VSP vision care coverage.



	WITHOUT VSP	WITH VSP
Eye Exam	\$205	\$10 Copay
Frame	\$160	\$25 Copay
Bifocal Lenses	\$171	
Standard Progressive Lenses	\$85	\$0
Light-reactive Lenses	\$136	\$0
Impact-resistant Lenses	\$67	\$0
Retiree-only Annual Contribution	N/A	\$146.28
Total	\$824	\$181.28

2025 RETIREE VISION

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 VSP® network eye doctor can detect signs of over 270 health conditions during and eye exam.**

Savings you'll love.

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

The choice is yours!



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.



Save up to \$250 on Featured Frame Brands when you shop on Eyeconic®, the VSP online eyewear store.

Bye-bye bifocals.

Progressive lenses offer clear vision at all distances without annoying image jumps.

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

VSP members save an annual average of **\$642.72***

Enroll today.
Contact us: 866.240.8344
or ucetirees.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. *Based on state and national averages for eye exams and most commonly purchased brands. This chart represents average savings for VSP members at in-network providers. 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, 2020. †Coverage with a retail chain may be different or not apply. †When contacts are obtained, frames become available the next calendar year.

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. VSP Premier Edge™ is not available for some members in the state of Texas.

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 and Eyeconic are VSP-affiliated companies.

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Your VSP Vision Benefits Summary

The University of California and VSP provide you with an affordable vision plan.

Provider Network:

VSP Advantage

Effective Date:

01/01/2025



UNIVERSITY OF CALIFORNIA

BENEFIT	DESCRIPTION	COPAY	FREQUENCY	
COVERAGE WITH A VSP PROVIDER				
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$10 \$20	Every calendar year	
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. 	\$20 per exam	Available as needed	
PRESCRIPTION GLASSES		\$25	See frame and lenses	
FRAME⁺	<ul style="list-style-type: none"> \$180 Featured Frame Brands allowance \$160 frame allowance 20% savings on the amount over your allowance \$90 Walmart/Sam's Club/Costco frame allowance 	Included in Prescription Glasses	Every other calendar year ^{**}	
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses 	Included in Prescription Glasses	Every calendar year	
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Tints/Light-reactive lenses Impact-resistant lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$0 \$0 \$55 \$55	Every calendar year	
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$160 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year	
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> 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. 			
	Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price or 5% off the promotional price; discounts available at contracted facilities. After surgery, use your frame allowance (if eligible) for nonprescription sunglasses from any VSP doctor. 			
	Exclusive Member Extras <ul style="list-style-type: none"> 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 entertainment, health and wellness, travel, and more with VSP Simple Values. 			
YOUR MONTHLY CONTRIBUTION	\$12.19 Retiree only	\$23.06 Retiree + spouse	\$23.26 Retiree + child(ren)	\$28.48 Retiree + family

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Your plan provides the following out-of-network reimbursements:

Exam.....up to \$40	Lined Bifocal Lenses.....up to \$60	Contacts.....up to \$160
Frame.....up to \$45	Lined Trifocal Lenses.....up to \$80	Tint.....up to \$5
Single Vision Lenses.....up to \$40	Progressive Lenses.....up to \$80	

For complete benefits information or to review the VSP Evidence of Coverage booklet, visit the UC benefits page at ucnet.universityofcalifornia.edu. To request a copy of the VSP Evidence of Coverage booklet, call VSP at **866.240.8344**.