Life is Better in Focus.®

Enjoy enhanced benefits when you upgrade your Standard Coverage to Premium Coverage.

vsp vision care | ACERA

Compare your plan options.**

	STANDARD COVERAGE	PREMIUM COVERAGE
Copays	• **$0** copay for a WellVision Exam, every 12 months. • **$25** copay for prescription glasses.(lenses and frames)	• **$15** copay for exam and glasses, every 12 months.
Glasses (frame and lenses)	• **NEW: $195 allowance on Featured Frame Brands* every 24 months.** • **NEW: $175 frame allowance on a wide selection of frames every 24 months.** • 20% savings on the amount over your allowance • Fully covered standard progressive lenses • Premium and custom progressive lenses ($80 – $160) • **NEW: UV Coating CIF** • **NEW: Impact-resistant Lenses CIF** • Lenses: Every 12 months	• **NEW: $270 allowance on Featured Frame Brands* every 12 months.** • **NEW: $250 frame allowance on a wide selection of frames every 12 months.** • 20% savings on the amount over your allowance • Fully covered tints and photochromic lenses • Fully covered progressive lenses (Standard, Premium, and Custom) • **NEW: UV Coating CIF** • **NEW: Impact-resistant Lenses CIF** • Lenses: Every 12 months
Instead of glasses, you may select contacts.		
Contacts (fitting/evaluation exam and contacts)	• **$105 allowance** for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	• **$200 allowance** for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)
Essential Medical Eyecare℠	• $20 Copay	• $20 Copay

VSP guarantees coverage 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. Monthly premiums may apply. To review your contributions, reference the ACERA 2018 Retiree Guide.

Look at the savings you'll get with VSP®.

For enhanced benefits, enroll in Premium Coverage.

SAVE WITH VSP COVERAGE	WITHOUT VSP COVERAGE	WITH VSP PREMIUM COVERAGE
Eye Exam	$168	$15 Copay
Frame	$200	
Bifocal Vision Lens	$150	
Light-reactive Adaptive Lenses	$116	$0
Anti-reflective Coating	$114	$25 Copay
Progressive Lenses	$158	$25 Copay
Total Out-of-pocket Cost	**$906**	**$65**
YOUR ESTIMATED ANNUAL SAVINGS WITH A VSP NETWORK DOCTOR		**$841**

If you have less than 10 years of service, your premium will be slightly higher. Based on state and national averages for eye exams and most commonly purchased brands. This chart represents an average savings for VSP members. Your actual savings will depend on the eyewear you choose, the plan available to you, your copays, your premium, and whether it is deducted from your paycheck pre-tax.

Essential Medical Eyecare

Annual eye exams can help prevent diabetes-related blindness. If you have type 1 or type 2 diabetes, you can get both your routine and diabetic eye care from your VSP network doctor—the one who knows your eyes best. Ask your VSP doctor for details.

Contact us. **800.877.7195** or **vsp.com**

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
**Coverage effective 1/1/23
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