September 2016

Dear State of California Employee,

We’re excited to inform you that you’re eligible to enroll in one of two vision plans offered through VSP Vision Care. Both the Basic Plan and the Premier Plan provide quality vision care coverage for you and your eligible dependents. As a current member of the Basic Plan, you don’t have to do anything to keep your coverage. Don’t miss the chance to upgrade or change your coverage.

Open enrollment is September 12 through October 7, 2016. Any changes you make to your benefits will be effective January 1, 2017, through December 31, 2017 (12 month minimum enrollment period). If you don’t make any changes, and unless there is a permitting event, the next opportunity to enroll will be during the 2017 open enrollment, with an effective date of January 1, 2018.

Enjoy richer benefits with the VSP Premier Plan.
- $200 allowance on a wide selection of frames or contact lenses. Enjoy an extra $20 to spend when you choose a featured frame brand.
- $110 frame allowance at participating Costco locations.
- Covered polycarbonate lenses for adults with a $15 copay.
- Fully covered standard progressive lenses. Plus, reduced copays for premium and custom progressives.
- As an enhancement to a WellVision Exam®, pay no more than a $39 copay for a retinal screening.

How can I upgrade or change my existing coverage?
You have three convenient options. Choose what works best for you:
- Visit VSP at vsp.com/go/stateofcaemployee and complete the online enrollment form.
- Call VSP at 800.877.7195 and speak to a Member Services representative.
- Complete and mail the enclosed VSP enrollment form.

Using your vision benefit is easy:
2. Find an eye care provider near you. Visit vsp.com or call 800.877.7195.
3. At your appointment, tell them you have VSP. There’s no ID card needed! If you’d like an ID card as reference, you can print one at vsp.com.

As the only national not-for-profit vision care company, VSP puts members first and invests in the things you value most—the best care at the lowest out-of-pocket costs. If you’re not one hundred percent happy with the eye care and eyewear you receive from a VSP provider, we’ll make it right.

Sincerely,

VSP Client Administrative Services

P.O. Box 997100, Sacramento, CA 95899 | P: 800.877.7195 | vsp.com/go/stateofcaemployee
Get the best in eye care and eyewear with State of California and VSP Vision Care.

Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we are the only national not-for-profit vision care company, you can trust that we will always put your wellness first.

You'll like what you see with VSP.

- **High Quality Vision Care.** You will get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.

- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.

- **Great Eyewear.** It is easy to find the perfect frame at a price that fits your budget.

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### Save with VSP coverage:*

<table>
<thead>
<tr>
<th></th>
<th>Without VSP Coverage</th>
<th>With VSP Basic Plan</th>
<th>With VSP Premier Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>$163</td>
<td>$10 Copay</td>
<td>$10 Copay</td>
</tr>
<tr>
<td>Material Copay</td>
<td>$0</td>
<td>$25 Copay</td>
<td>$25 Copay</td>
</tr>
<tr>
<td>$200 Retail Frame</td>
<td>$200</td>
<td>$125</td>
<td>$0</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>$146</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Standard Progressive Lenses</td>
<td>$101</td>
<td>$55</td>
<td>$0**</td>
</tr>
<tr>
<td>Polycarbonate Lenses</td>
<td>$64</td>
<td>$35</td>
<td>$15</td>
</tr>
<tr>
<td>Photochromic Adaptive Lenses</td>
<td>$109</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Employee-Only Annual Premium</td>
<td>N/A</td>
<td>$0</td>
<td>$106.08</td>
</tr>
<tr>
<td><strong>Total Out-of-Pocket Cost</strong></td>
<td><strong>$783</strong></td>
<td><strong>$250</strong></td>
<td><strong>$156.08</strong></td>
</tr>
</tbody>
</table>

*Comparison based on national averages for comprehensive eye exams and most commonly purchased brands, and may not reflect your actual experience.

**Copays apply to premium and custom progressive lenses.

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### Average Annual Savings with VSP

- **Basic Plan:** $533.00
- **Premier Plan:** $626.92

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Enroll in the VSP Premier Plan. You will be glad you did. Contact us. 800.877.7195 vsp.com/go/stateofcaemployee

### Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.

- **Find an eye care provider who is right for you.** To find a VSP provider, visit vsp.com or call 800.877.7195.

- **At your appointment, tell them you have VSP.** There is no ID card necessary. If you would like a card as a reference, you can print one at vsp.com.

  That is it! We will handle the rest—there are no claim forms to complete when you see a VSP provider.

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**Look into the VSP Premier Plan!**

You will enjoy an even richer benefit with the VSP Premier Plan.

- **$200 frame allowance**
- Fully covered standard progressive lenses
- **$40–$50** for premium progressive lenses
- **$95–$125** for custom progressive lenses
- No more than **$39** for retinal screening
# Your VSP Vision Benefits Summary

**State of California** and VSP provide you with a choice of affordable vision plans—choose the one that is right for you.

## VSP Basic Plan  
VSP Provider Network: VSP Advantage

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong></td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td><strong>Frame</strong></td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>• $75 allowance for a wide selection of frames</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $95 allowance on featured frame brands</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 20% savings on the amount over your allowance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Lens Enhancements</strong></td>
<td>• Tints/photochromic adaptive lenses</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate lenses for dependent children</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate lenses for adults</td>
<td>$31–$435</td>
</tr>
<tr>
<td></td>
<td>• Standard progressive lenses</td>
<td>$55</td>
</tr>
<tr>
<td></td>
<td>• Premium progressive lenses</td>
<td>$95–$105</td>
</tr>
<tr>
<td></td>
<td>• Custom progressive lenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Average savings of 20% on other lens enhancements</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>(instead of glasses)</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• $110 allowance for exam, contacts and contact lens exam (fitting and evaluation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 15% savings on contact lens exam (fitting and evaluation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Glasses and Sunglasses</strong></td>
<td>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam</td>
<td></td>
</tr>
<tr>
<td><strong>Extra Savings</strong></td>
<td><strong>Laser Vision Correction</strong></td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Average 15% off the price or 5% off the promotional price; discounts only available from contracted facilities</td>
<td></td>
</tr>
<tr>
<td><strong>Your Monthly Contribution</strong></td>
<td>• $0 Employee Only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $0 Employee + One Dependent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $0 Employee + Family</td>
<td></td>
</tr>
</tbody>
</table>

## VSP Premier Plan  
VSP Provider Network: VSP Choice

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong></td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td><strong>Frame</strong></td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>• $200 allowance for a wide selection of frames</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $220 allowance on featured frame brands</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $110 allowance at Costco®</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 20% savings on the amount over your allowance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Lens Enhancements</strong></td>
<td>• Tints/photochromic adaptive lenses</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate lenses for dependent children</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate lenses for adults</td>
<td>$15</td>
</tr>
<tr>
<td></td>
<td>• Standard progressive lenses</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Premium progressive lenses</td>
<td>$40–$50</td>
</tr>
<tr>
<td></td>
<td>• Custom progressive lenses</td>
<td>$95–$120</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>(instead of glasses)</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• $200 allowance for contacts and contact lens exam (fitting and evaluation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 15% savings on contact lens exam (fitting and evaluation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Glasses and Sunglasses</strong></td>
<td>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam</td>
<td></td>
</tr>
<tr>
<td><strong>Extra Savings</strong></td>
<td><strong>Laser Vision Correction</strong></td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Average 15% off the price or 5% off the promotional price; discounts only available from contracted facilities</td>
<td></td>
</tr>
<tr>
<td><strong>Your Monthly Contribution</strong></td>
<td>• $8.84 Employee Only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $17.68 Employee + One Dependent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $28.46 Employee + Family</td>
<td></td>
</tr>
</tbody>
</table>

## Your Coverage with Out-of-network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP Advantage network provider.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
</table>
| **Exams**                        | • up to $35 [VSP Coverage Effective Date: 01/01/2017  
Open Enrollment: 09/12/2016–10/07/2016]  
VSP Coverage Effective Date: 10/07/2016 |         |
| **Frame**                        | • up to $40 [VSP Coverage Effective Date: 01/01/2017  
Open Enrollment: 09/12/2016–10/07/2016]  
VSP Coverage Effective Date: 10/07/2016 |         |
| **Single Vision Lenses**         | • up to $25 [VSP Coverage Effective Date: 01/01/2017  
Open Enrollment: 09/12/2016–10/07/2016]  
VSP Coverage Effective Date: 10/07/2016 |         |
| **Lined Bifocal Lenses**         | • up to $50 [VSP Coverage Effective Date: 01/01/2017  
Open Enrollment: 09/12/2016–10/07/2016]  
VSP Coverage Effective Date: 10/07/2016 |         |
| **Lined Trifocal Lenses**        | • up to $110 [VSP Coverage Effective Date: 01/01/2017  
Open Enrollment: 09/12/2016–10/07/2016]  
VSP Coverage Effective Date: 10/07/2016 |         |
| **Progressive Lenses**           | • up to $50 [VSP Coverage Effective Date: 01/01/2017  
Open Enrollment: 09/12/2016–10/07/2016]  
VSP Coverage Effective Date: 10/07/2016 |         |
| **Contacts**                     | • up to $70 [VSP Coverage Effective Date: 01/01/2017  
Open Enrollment: 09/12/2016–10/07/2016]  
VSP Coverage Effective Date: 10/07/2016 |         |
| **Tints**                        | • up to $5 [VSP Coverage Effective Date: 01/01/2017  
Open Enrollment: 09/12/2016–10/07/2016]  
VSP Coverage Effective Date: 10/07/2016 |         |
| **Extra Savings**                | **Laser Vision Correction**                                                | $0      |
|                                  | • Average 15% off the price or 5% off the promotional price; discounts only available from contracted facilities |         |

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.

The state contributes $8.64 toward your vision plan, the equivalent of the VSP Basic Plan cost. Both deductions are itemized on the warrant stub to verify that the deductions occurred and were paid to VSP.

1. Brand/Promotions subject to change.

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