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.



Designed for Michigan State University Retirees

VSP members save an annual average of

$585.72*

Personalize Your Vision Coverage

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

Enroll today.
msuretirees.vspforme.com
or
800.400.4569

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.**

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

Shop online and connect your benefits.

Simply connect your benefits when you log in to **eyeconic.com** and have a valid prescription ready when you check out.

Get customized coverage with VSP EasyOptions.

If you choose to enroll in the Premium Plan, each member covered under your plan can personalize their vision benefits with ease with an upgrade that's right for them! Check out the plan grid on the next page to see your upgrade options

Enroll in VSP today!

Enrollment is ongoing. Once enrolled, your vision coverage is effective the first of the month following your enrollment date and lasts for one year. Your current coverage will automatically renew after one year if you do not request to change or cancel your coverage prior to the renewal date.

*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.

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Classification: Restricted

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 with the Standard Plan, or enhance your benefits by upgrading to the Premium Plan with VSP EasyOptions for personalized coverage for all.

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

vsp vision care

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+	• Visionworks or Eyemart Express locations: $200 frame allowance on any frame • Walmart/Sam's Club/Costco: $150 frame allowance • All other in-network locations: $150 for all frames + an Additional $50 to spend on frames when you choose a Featured Frame Brand • 20% savings on the amount • 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
YOUR MONTHLY CONTRIBUTION	• $8.55 Retiree only • $17.09 Retiree + 1 • $17.51 Retiree + family	

BENEFIT	DESCRIPTION	COPAY
PREMIUM PLAN WITH VSP EASYOPTIONS 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+	• Visionworks or Eyemart Express locations: $200 frame allowance on any frame • Walmart/Sam's Club/Costco: $150 frame allowance • All other in-network locations: $150 for all frames + an Additional $50 to spend on frames when you choose a Featured Frame Brand • 20% savings on the amount • 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	• $16.19 Retiree only • $32.37 Retiree + 1 • $33.16 Retiree + family	

COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

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

Exam.....up to $45	Lined Bifocal Lenses.....up to $50	Progressive Lenses.....up to $50
Frame.....up to $70	Lined Trifocal Lenses.....up to $65	Contacts.....up to $105
Single Vision Lenses.....up to $30		

Maximize your benefits at an in-network location. Log in to **vsp.com** to choose an in-network doctor near you, including our large network of private practice and retail locations.

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Your current coverage will automatically renew after one year if you do not request to change or cancel your coverage prior to the renewal date.