VSP Enrollment/Qualifying Event Form

The California State University Retirees

vsp vision care

Sign up for VSP®.

Enrollee Information

Retirement/Qualifying Event Date _____/_____/_____

SSN_____ Gender _____

Date of Birth_____/_____/_____

Legal First Name_____

Legal Last Name _____

Home Address _____

City _____ State_____ ZIP Code _____

Email Address _____

Phone Number _____

Your VSP Coverage (Choose One).

Maximum Age Limits: Child Age: **26**. Dependent would be eligible until the last day of their birth month. **Note:** Disabled children remain eligible beyond age 26.

Basic Plan

☐ Retiree Only	$5.10 Monthly
☐ Retiree + One	$9.31 Monthly
☐ Retiree + Family	$9.98 Monthly

Premier Plan

☐ Retiree Only	$14.80 Monthly
☐ Retiree + One	$27.63 Monthly
☐ Retiree + Family	$29.64 Monthly

Enrollment

Use this form to enroll or make changes within 60 days of your retirement or qualifying event date.

VSP Client Number

Basic	30059425
Premier	30078083

Questions?

Call VSP at **800.400.4569** or visit **csuretirees.vspforme.com**.

Enrolling in VSP Is Easy

Send this completed form to:
VSP Individual Billing
MS 229
PO BOX 997100
Sacramento, CA 95899
OR
Fax to: **916.389.8305**
Email to: **CSUniv@vsp.com**

ADD	FAMILY MEMBER NAME (Only list dependents if you did not select Retiree only)	DATE OF BIRTH (Month/Day/Year)	GENDER (M/F/N)	RELATIONSHIP TO MEMBER (Spouse/Domestic Partner, Child, Disabled Child, etc.)
☐				
☐				
☐				
☐				
☐				
☐				

Please read before signing. By accepting the enrollment terms, I agree that all information is true and accurate. I understand that I am enrolling in this voluntary plan as described in the benefit document for a minimum twelve (12) month period. I understand that upon completion of my twelve (12) months, I will not be eligible to make changes to my plan until the next open enrollment period. I understand my VSP plan will automatically renew unless I specifically elect not to renew. I understand that my VSP premiums will automatically be deducted from my retirement check. Uncollected premiums will result in the termination of my VSP benefit unless other payment arrangements are made with VSP.

Retiree Signature_____ Date _____

By signing above, I understand that I am enrolling for a minimum of a 12-month period.

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**.

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Classification: Restricted

Your 2025 VSP Vision Benefits Summary – VSP Vision Care for CSU Retirees

VSP Provider Network: VSP Advantage - **Basic Plan**

Benefit	Description	Copay
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal imaging • 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		
FRAME* **	• $130 Featured Frame Brands allowance • $110 frame allowance • 20% savings on the amount over your allowance • $60 Walmart/Sam's Club/Costco frame allowance • Every other calendar year	$0
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every other calendar year†	$0
LENS ENHANCEMENTS* **	• UV protection	$0
	• Standard progressive lenses	$55
	• Premium progressive lenses	$95-$105
	• Custom progressive lenses • Average 20-25% savings on other lens enhancements • Every other calendar year	$150-$175
CONTACTS (INSTEAD OF GLASSES)	• $120 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) • Every other calendar year†	$0
VSP LIGHTCARE* **	• $110 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts • Every other calendar year	$0

VSP Provider Network: VSP Choice - **Premier Plan** **(Enhanced Coverage)**

Benefit	Description	Copay
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal imaging • 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		
FRAME* **	• $230 Featured Frame Brands allowance • $210 frame allowance • 20% savings on the amount over your allowance • $115 Walmart/Sam's Club/Costco frame allowance • Every calendar year	$0
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every calendar year	$0
LENS ENHANCEMENTS* **	• UV protection	$0
	• Tinted lenses	$0
	• Standard progressive lenses	$0
	• Premium progressive lenses	$95-$105
	• Custom progressive lenses • Average savings of 30% on other lens enhancements • Every calendar year	$150-$175
CONTACTS (INSTEAD OF GLASSES)	• $200 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) • Every calendar year	$0
VSP LIGHTCARE* **	• $210 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts • Every calendar year	$0

Extra 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.
LASER VISION CORRECTION	• Average of 15% off the regular price; discounts available at contracted facilities.
EXCLUSIVE MEMBER EXTRAS	• Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. • Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. • Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.

*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.
***Coverage with a retail chain may be different or not apply.
†New lenses will be approved every calendar year if the new prescription differs from the original by at least .50 diopter sphere or cylinder, if there's a change in the axis of 15 degrees or more, or there's a difference in vertical prism greater than one prism.