



Vision Plan Benefits-at-a-Glance

Vision

Covered Services	VSP Basic ¹	VSP Premier	
Well Vision Exam	\$10 co-pay every calendar year	\$10 co-pay every calendar year	
Single Vision Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year	
Lined Bifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year	
Lined Trifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year	
Standard Progressive Lenses	100% coverage every other calendar year	100% coverage every calendar year	
Premium Progressive Lenses	\$95-\$105 co-pay every other calendar year	\$25 co-pay every calendar year	
Custom Progressive Lenses	\$150-\$175 co-pay every other calendar year	\$25 co-pay every calendar year	
Standard Anti-Reflective Coating	\$41 co-pay every other calendar year	\$25 co-pay every calendar year	
Premium Anti-Reflective Coating	\$58-\$69 co-pay every other calendar year	\$25 co-pay every calendar year	
Custom Anti-Reflective Coating	\$85 co-pay every other calendar year	\$25 co-pay every calendar year	
Scratch-Resistant Coating	Fully covered every other calendar year	Fully Covered every calendar year	
Frames	\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco and Walmart/Sam's Club \$25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	\$300 allowance for a wide selection of frames \$320 allowance for featured frames \$165 allowance use at Costco and Walmart/Sam's Club No additional co-pay; 20% savings on the amount over your allowance every calendar year	
Contacts <i>(instead of glasses)</i>	\$150 allowance every other calendar year ²	\$250 allowance every calendar year	
Contact Lens Exam	Up to \$60 co-pay every other calendar year ²	Up to \$60 co-pay every other calendar year	
Essential Medical Eye Care <i>(for the treatment of urgent or acute ocular conditions)</i>	\$5 co-pay	\$5 co-pay	
Lightcare	\$150 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. Anti-reflective and UV coatings fully covered.	\$250 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. Anti-reflective and UV coatings fully covered.	
VSP Premier Contribution			
Biweekly (26 Pay Periods)	Monthly (12 Pay Periods)	9 Pay Periods ³	21 Pay Periods ³
E Only \$5.34 E + 1 Dep. \$8.12 E + 2 or more \$16.64	E Only \$11.56 E + 1 Dep. \$17.59 E + 2 or more \$36.06	E Only \$18.50 \$11.56 E +1 Dep. \$28.14 \$17.59 E +2 or more \$57.70 \$36.06	E Only \$7.76 \$5.34 E +1 Dep. \$11.81 \$8.12 E +2 or more \$24.21 \$16.64
Your Coverage with Out-of-Network Providers			
Visit vsp.com if you plan to see a provider other than a VSP network provider.			
Exam Up to \$50 Frame Up to \$70	Single Vision Lenses Up to \$45 Lined Bifocal Lenses Up to \$65	Lined Trifocal Lenses Up to \$85 Progressive Lenses Up to \$85	Contacts Up to \$105

¹VSP Basic Plan coverage is included with your medical premium.

²Under the VSP Basic plan, new lenses may be covered the next year if Rx change is more than .50 diopters.

³Employees with 9 and 21 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



2023 Medical Premium Contributions

	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay

BIWEEKLY 26 PAY PERIODS

BOARD MEMBERS AND CLASS. ADMIN.	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$355.51	\$0.00	\$371.90	\$25.14	\$399.15	\$32.78	\$343.21	\$0.00	\$394.64	\$267.88
Employee +1	\$568.08	\$141.57	\$634.56	\$158.15	\$690.43	\$172.06	\$566.26	\$118.78	\$652.93	\$632.36
Employee +2 or more	\$678.62	\$324.96	\$758.09	\$363.02	\$824.86	\$394.99	\$640.14	\$328.61	\$743.04	\$1,073.25

CLASSIFIED EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$355.51	\$0.00	\$371.90	\$25.14	\$403.94	\$27.99	\$343.21	\$0.00	\$400.56	\$261.96
Employee +1	\$538.91	\$170.74	\$601.98	\$190.73	\$654.98	\$207.51	\$529.82	\$155.22	\$685.84	\$599.45
Employee +2 or more	\$636.97	\$366.61	\$711.57	\$409.54	\$774.24	\$445.61	\$587.55	\$381.20	\$1,028.75	\$787.54

BIWEEKLY 21 PAY PERIODS

CLASSIFIED EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY										
Dec. 25 – May 26	\$517.11	\$0.00	\$540.95	\$36.57	\$587.55	\$40.71	\$499.21	\$0.00	\$582.63	\$381.03
Aug. 5 – Dec. 22	\$355.51	\$0.00	\$371.90	\$25.14	\$403.94	\$27.99	\$343.21	\$0.00	\$400.56	\$261.96
EMPLOYEE +1										
Dec. 24 – May 26	\$783.87	\$248.35	\$875.61	\$277.43	\$952.70	\$301.83	\$770.65	\$225.77	\$997.59	\$871.93
Aug. 5 – Dec. 22	\$538.91	\$170.74	\$601.98	\$190.73	\$654.98	\$207.51	\$529.82	\$155.22	\$685.84	\$599.45
EMPL. +2 OR MORE										
Dec. 24 – May 26	\$926.50	\$533.25	\$1,035.01	\$595.69	\$1,126.17	\$648.16	\$854.62	\$554.47	\$1,496.36	\$1,145.51
Aug. 5 – Dec. 22	\$636.97	\$366.61	\$711.57	\$409.54	\$774.24	\$445.61	\$587.55	\$381.20	\$1,028.75	\$787.54

Classified School Term Only (STO) on 21 pay periods; January to June deductions (11 pay periods) include a 1.45 rate to pre-pay premiums for the summer coverage period.

MONTHLY 12 PAY PERIODS

ACADEMIC ADMINS.	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$770.28	\$0.00	\$805.76	\$54.50	\$864.73	\$71.12	\$743.62	\$0.00	\$855.05	\$580.42
Employee +1	\$1,230.84	\$306.74	\$1,374.88	\$342.65	\$1,495.92	\$372.81	\$1,226.89	\$257.37	\$1,414.40	\$1,370.40
Empl. +2 or more	\$1,470.35	\$704.07	\$1,642.55	\$786.52	\$1,787.21	\$855.81	\$1,387.00	\$711.97	\$1,609.93	\$2,325.36

FACULTY	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$770.28	\$0.00	\$805.76	\$54.50	\$864.73	\$71.12	\$743.62	\$0.00	\$855.05	\$580.42
Employee +1	\$1,251.13	\$286.45	\$1,397.55	\$319.98	\$1,520.59	\$348.14	\$1,271.34	\$212.92	\$1,443.91	\$1,340.89
Empl. +2 or more	\$1,522.09	\$652.33	\$1,700.35	\$728.72	\$1,850.12	\$792.90	\$1,459.92	\$639.05	\$1,692.18	\$2,243.11

MONTHLY 9 PAY PERIODS

PT. TIME FACULTY	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY										
Jan. 1–May 31	\$1,232.45	\$0.00	\$1,289.22	\$87.20	\$1,383.57	\$113.79	\$1,189.79	\$0.00	\$1,368.08	\$928.67
Sept. 1–Dec. 31	\$770.28	\$0.00	\$805.76	\$54.50	\$864.73	\$71.12	\$743.62	\$0.00	\$855.05	\$580.42
EMPLOYEE +1										
Jan. 1–May 31	\$2,001.81	\$458.32	\$2,236.08	\$511.97	\$2,432.94	\$557.02	\$2,034.14	\$340.67	\$2,310.26	\$2,145.42
Sept. 1–Dec. 31	\$1,251.13	\$286.45	\$1,397.55	\$319.98	\$1,520.59	\$348.14	\$1,271.34	\$212.92	\$1,443.91	\$1,340.89
EMPL. +2 OR MORE										
Jan. 1–May 31	\$2,435.34	\$1,043.73	\$2,720.56	\$1,165.95	\$2,960.19	\$1,268.64	\$2,335.87	\$1,022.48	\$2,707.49	\$3,588.98
Sept. 1–Dec. 31	\$1,522.09	\$652.33	\$1,700.35	\$728.72	\$1,850.12	\$792.90	\$1,459.92	\$639.05	\$1,692.18	\$2,243.11

Part-time Faculty January to May deductions (5 pay periods) include a 1.60 rate to pre pay premiums for the summer coverage period.

Rates