

2026 VSP State Retiree How to Enroll Guide

Enrollment Made Easy.



Ready to enroll in VSP® or update your VSP coverage? We're here to help! Follow the steps below to process your enrollment or changes online during your open enrollment period. Already enrolled? Great news! You don't have to lift a finger to keep the same great coverage you have today.



1. Gather your information. You'll need:

- Your date of birth
- The last four digits of your SSN

2. Visit stateofcalifornia.vspforme.com.

3. Click 'Enroll Now or Update.' You'll then be taken to the enrollment website.

**Your wellbeing
is at the heart of
everything we do.**

Create an account, find your local VSP network doctor, and see your benefit information at stateofcalifornia.vspforme.com.

Benefits for a Life Well Lived

Need vision coverage? The choice is yours! Enroll in the Basic Plan to cover the essentials, or choose the Premier Plan to enjoy more savings such as a higher frame or contact lens allowance every calendar year. **Not sure which plan is right for you?** Use the "Which Plan is Right for Me?" button to get a personalized recommendation.

Currently enrolled? You don't need to lift a finger to keep your current vision plan. But if you'd like to make changes, now's the time! Please note that your vision coverage rates will be increasing slightly effective 01/01/2026. Click "View Your 2026 Benefits" to see the new rates.

Get started: Click "Enroll Now or Update" during open enrollment to enroll or make changes.

Enrollment Quick Links

- How to Enroll - User Guide
- Enroll Now or Update**
- View Your 2026 Benefits
- Which Plan is Right for Me?
- 2026 Vision Handbook*
- 2026 Basic and Premier Plan Evidence of Coverage*
- New Retiree Enrollment Guide
- End of COBRA Enrollment Form
- 2025 Benefit Summary
- Complaints and Grievance Notification

4. Enter your information, then click 'Search.'



Let's Get Started – Enter Your Personal Information

Enrolling in VSP is quick and easy. And when it comes to your personal health information, you can trust VSP will maintain the privacy and security of your personal and protected health information. Enjoy your vision coverage with peace of mind.

Your Personal Details

Note: When entering your name and the name of any covered dependents, please do not include any special characters or numbers. You can include an apostrophe (') or hyphen (-) if your name has one.

All fields are required unless noted

First Name

Last Name

Date of Birth

JAN

01

And ONE of the Following:

Last 4 Digits of Your SSN

OR

Enrollment Code

Search

Search Tips

- You can find your enrollment code on the open enrollment mailing you received.
- If you don't have an enrollment code, please enter the last four digits of the number requested instead. These digits are needed to help identify you for enrollment and are only needed if you don't have an enrollment code.
- It's helpful to search your full name first, and then try any nicknames. For example, Robert vs. Bob.

5. On the next screen, you'll enter your personal details, such as your name, date of birth, gender, address, and email, and select the vision plan you'd like to enroll in.

Your personal information will automatically populate if you're already enrolled. To edit or cancel your vision coverage, click 'Edit' or 'Cancel' at the bottom of the page to complete your changes.

1

2

3

ENROLLMENT

REVIEW

CONFIRMATION

Enter Your Personal Details (Cont.)

All fields are required unless noted

First Name:
FIRST

Last Name:
LAST

Last Four of SSN:
■■■■

Date of Birth:
Month ▼ Day ▼ YEAR

Gender:
Select One ▼

Choose Product:
☐ Basic Plan View Details
☐ Premier Plan View Details

Address:
1234 STREET

Address 2: (Optional)

City:
CITY

State:
Select State ▼

Zip Code:

Email:

6. Once you've entered your information, you can add or remove any dependents you'd like to include on your VSP plan. To remove a dependent, click 'Remove' next to their name. To add a dependent, click 'Add Dependent' and enter their information.

Please note: Dependents must be enrolled in the same plan as the enrollee.

Dependents

Number of dependents (Max Age Limits: Student-26 Child-26):

Have 11 or more dependents? Before scheduling your appointment, please call 800.400.4569 to have your list of dependents updated.

- ☐ No dependents
☒ 1 or more dependents

	RELATIONSHIP	FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER	
1.	Relationship ▼			Month ▼ Day ▼ YEAR	Select One ▼	Remove
<div>Add Dependent</div>						

7. Once you've updated the dependent section, please read and accept the Enrollment Terms, then click 'Continue Enrollment.'

Enrollment Terms

By accepting the enrollment terms, I agree that all information is true and accurate. I understand that I am enrolling in this voluntary plan for a twelve (12) month period, unless there is an approved qualifying event. I understand my VSP plan will automatically renew unless I specifically elect not to renew. I authorize my VSP premiums to be deducted directly from my payroll/pension check, and uncollected premiums for two consecutive months will result in the termination of my plan and could result in collection action for any unpaid premiums, unless other payment arrangements are made. I agree that coverage for disabled dependents or parent-child relationship dependents are not confirmed until the dependent certification is completed by the designated state departments. Once certifications are complete, the dependent is deemed eligible.

☒ I accept the Enrollment Terms

Exit

Continue Enrollment

8. Review your information, elections, and dependent information. If everything looks good, select 'Confirm Enrollment.'

First Name
FIRST

Last Name
LAST

Address
1234 STREET

Address 2

Last Four of SSN:
[REDACTED]

Date of Birth
[REDACTED]

City
CITY

State
CA

Zip Code
12345

Gender
FEMALE

Email
EMAIL@EMAIL.COM

Phone Number

Billing Frequency
MONTHLY

Rate
[REDACTED]

Plan/Product
Premier Plan [View Details](#)

Edit Enrollment

Enrollment Terms

By accepting the enrollment terms, I agree that all information is true and accurate. I understand that I am enrolling in this voluntary plan for a twelve (12) month period, unless there is an approved qualifying event. I understand my VSP plan will automatically renew unless I specifically elect not to renew. I authorize my VSP premiums to be deducted directly from my payroll/pension check, and uncollected premiums for two consecutive months will result in the termination of my plan and could result in collection action for any unpaid premiums, unless other payment arrangements are made.

Exit

CONFIRM ENROLLMENT

9. You'll receive a confirmation number. You can print this page for your records, but you'll also receive a confirmation email.



Open Enrollment Progress



Enrollment Confirmed: Welcome to the VSP Family!

You have successfully completed the enrollment process. Your enrollment will be effective as of 01/01/2026.

Please [print this page](#) for your records.

A confirmation email will also be sent to your email address (if you provided one).

Your enrollment confirmation number is **E432270695**

Enrollment Details

Enrollment Confirmation Number:

E432270695

Enrollment Level:

Member Only

Benefit Effective Date:

01/01/2026

You can also enroll or make changes over the phone by contacting VSP Member Services at **800.400.4569**.

Benefits at Your Fingertips.

You'll get the most out of your vision benefits when you log in—view your personalized benefits, look at your claim history, print your Member ID Card, and more. Here's how to get started with your VSP benefits:

- Log in to your VSP member account (or create one if you don't have one already) by visiting stateofcaretiree.vspforme.com and clicking 'Log In/Create My Account.'
- Once logged in, find a VSP network doctor near you! You can also view your benefits information and more.
- At your appointment, just tell your VSP network doctor you have VSP—we'll take care of the rest! No ID card is needed.

Questions? Contact us at 800.400.4569.

Fictitious test accounts were used to generate screenshots for this document. Any information shown does not reflect actual member information. Your effective date and plan options may be different and your confirmation number will be different from what is depicted in this document. Any similarity to actual persons, living or dead, or actual events, is purely coincidental.

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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