

Your VSP Vision Benefits Summary

Health Service System, City & County of San Francisco and VSP provide you with an affordable eyecare plan. Active Employees.

VSP Coverage Effective Date: 01/01/2017

VSP Provider Network: VSP Choice

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
	<ul style="list-style-type: none"> Primary Eyecare For detection, treatment and management of urgent or acute ocular conditions such as pink eye or sudden loss of vision 	\$5	As needed

Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$80 allowance for Costco 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Interim Benefits: Lenses every 12 months with prescription change of .50 diopter or more and change in axis of 15 degrees or more 	Included in Prescription Glasses	Every 24 months
Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$55 \$95 - \$105 \$150 - \$175	Every 24 months

Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 24 months
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Computer Vision Care also known as VDT (available only to some unions per their contract)			
Computer Vision Exam	<ul style="list-style-type: none"> Evaluates your needs related to computer use 	\$0	Every 12 months
Frame	<ul style="list-style-type: none"> \$75 allowance for a wide selection of frames \$95 allowance for featured frame brands 20% savings on the amount over your allowance 	\$0	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, near variable focus and occupational lenses 	\$0	Every 12 months

Extra Savings	Glasses and Sunglasses		
	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening		
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
Laser Vision Correction			
<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 			

Your Coverage with Out-of-Network Providers

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

Exam.....up to \$50	Single Vision Lenses.....up to \$45	Lined Trifocal Lenses.....up to \$85	Lenticular Lenses.....up to \$125
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$65	Progressive Lenses.....up to \$85	Contacts.....up to \$105

VSP guarantees coverage from VSP network 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.

Contact us. vsp.com
800.877.7195

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