

# Your VSP Vision Benefits Summary

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

Visit [vsp.com](http://vsp.com) for more details on your vision benefit and for exclusive savings and promotions for VSP members.

VSP Coverage Effective Date: 01/01/2017

VSP Provider Network: VSP Choice

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

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

Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 24 months
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Extra Savings	<b>Glasses and Sunglasses</b>		
	<ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b>		
	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b>		
	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

## Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://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](http://vsp.com)  
800.877.7195

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