



Life is  
better  
in focus.™

Get access to the best in eye care and eyewear with the San Francisco Health Service System and VSP® Vision Care.



SAN FRANCISCO  
**HEALTH SERVICE SYSTEM**  
Affordable, Quality Benefits & Well-Being

You now have choices—stay enrolled in the Basic Plan or choose the Premier Plan for enhanced benefits, like a \$300 allowance on frames or a \$250 allowance on contacts.

### You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more!. Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's online eyewear store.

### Using your VSP benefit is easy.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP network doctor.

To enroll in the Premier Plan today, contact us.  
Call 800.400.4569 or visit [sfhss.vspforme.com](http://sfhss.vspforme.com).

Active

# Your VSP Vision Benefits Summary

**Effective Date:** 01/01/2018  
**Open Enrollment:** 10/01/2017 - 10/31/2017  
**VSP Provider Network:** VSP Choice

San Francisco Health Service System and VSP provide you a choice in your vision plan—stay enrolled in the Basic Plan or choose the Premier Plan for enhanced benefits.

Basic Plan			Premier Plan		
Benefit	Description	Copay	Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10	WellVision Exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10
<b>Prescription Glasses</b>		\$25	<b>Prescription Glasses</b>		\$0
Frame	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$80 allowance at Costco®</li> <li>20% savings on the amount over your allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> <li>\$300 allowance for a wide selection of frames</li> <li>\$165 allowance at Costco®</li> <li>20% savings on the amount over your allowance</li> <li><b>Every calendar year</b></li> </ul>	Included in Prescription Glasses
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><b>Interim Benefits:</b> Lenses every 12 months with a prescription change of .50 diopter or more and change in axis of 15 degrees or more</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses	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><b>Every calendar year</b></li> </ul>	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> <li>Scratch-resistant coating</li> <li>Progressive lenses</li> <li>Average 20-25% savings on other lens enhancements</li> <li>Every other calendar year</li> </ul>	\$0 \$55 - \$175	Lens Enhancements	<ul style="list-style-type: none"> <li>Scratch-resistant coating</li> <li>Anti-reflective coating</li> <li>Progressive lenses</li> <li>Average 20-25% savings on other lens enhancements</li> <li><b>Every calendar year</b></li> </ul>	\$0 \$25 \$25
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> <li>Every other calendar year</li> </ul>	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$250 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li><b>Every calendar year</b></li> </ul>	Up to \$60

Computer Vision Care (also known as VDT, available under both plans for some unions per their contract)		
Computer Vision Exam	<ul style="list-style-type: none"> <li>Evaluates your needs related to computer use</li> <li>Every calendar year</li> </ul>	\$0
Frame	<ul style="list-style-type: none"> <li>\$75 allowance for a wide selection of frames</li> <li>Every other calendar year</li> </ul>	\$0
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> <li>Every calendar year</li> </ul>	\$0
Primary Eyecare	<ul style="list-style-type: none"> <li>For detection, treatment and management of urgent care or acute ocular conditions, such as pink eye or sudden loss of vision</li> <li>As needed</li> </ul>	\$5

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 at contracted facilities.</li> </ul>

Biweekly Contribution (Basic Plan)	Biweekly Contribution (Premier Plan)		
Included in Medical Premium	Employee Only	\$5. <sup>01</sup>	Employee + Spouse \$7. <sup>17</sup> Employee + Family \$14. <sup>22</sup>

Your Coverage with Out-of-Network Providers			
Visit <a href="http://vsp.com">vsp.com</a> 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	Contacts..... Up to \$105
Frame..... up to \$70	Lined Bifocal Lenses..... up to \$65	Progressive Lenses..... up to \$85	

Coverage with a participating retail chain may be different. VSP guarantees coverage from VSP 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. Call 800.400.4569 or visit [sfhss.vspforme.com](http://sfhss.vspforme.com).

1. Brands/Promotion subject to change.

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