



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 to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's online eyewear store.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit 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.

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.

Retiree

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"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
Prescription Glasses		\$25	Prescription Glasses		\$0
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$80 allowance at Costco® 20% savings on the amount over your allowance Every other calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$300 allowance for a wide selection of frames \$165 allowance at Costco® 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses
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 a prescription change of .50 diopter or more and change in axis of 15 degrees or more Every other calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Progressive lenses Average 20-25% savings on other lens enhancements Every other calendar year 	\$0 \$55 - \$175	Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Anti-reflective coating Progressive lenses Average 20-25% savings on other lens enhancements Every calendar year 	\$0 \$25 \$25
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every other calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$250 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
Primary Eyecare	<ul style="list-style-type: none"> For detection, treatment and management of urgent care or acute ocular conditions, such as pink eye or sudden loss of vision As needed 				\$5
Monthly Contribution (Basic Plan)			Monthly Contribution (Premier Plan)		
<i>Included in Medical Premium</i>			Retiree Only	\$10. ⁸⁶	Retiree + Spouse \$15. ⁵⁴
					Retiree + Family \$30. ⁸²

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	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.

1. Brands/Promotion subject to change.

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