



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.

**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 low out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- **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.<sup>1</sup> Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at **eyeconic.com**®, the VSP online eyewear store.

Using your  
benefit  
is easy!

- **Create an account on 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 provider.

**ACTIVE**



Contact us: **800.877.7195** or **vsp.com**

# Your VSP Vision Benefits Summary

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

**Provider Network:**

VSP Choice

**Effective Date:**

01/01/2022



BENEFIT	DESCRIPTION	COPAY
<b>BASIC PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<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>FRAME</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart/Sam's Club/Costco frame allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<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
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium and custom progressive lenses</li> <li>Scratch-resistant coating</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every other calendar year</li> </ul>	\$0 \$95 - \$175 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<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

BENEFIT	DESCRIPTION	COPAY
<b>PREMIER PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<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> \$0		
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$300 allowance for a wide selection of frames</li> <li>20% savings on the amount over your allowance</li> <li>\$165 Walmart/Sam's Club/Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium and custom progressive lenses</li> <li>Anti-reflective coating</li> <li>Scratch-resistant coating</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$25 \$25 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<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>Every calendar year</li> </ul>	Up to \$60

## VSP COMPUTER VISIONCARE<sup>SM</sup> PLAN (also known as VDT, available for both plans for some unions per their contract)

<b>COMPUTER VISION EXAM</b>	<ul style="list-style-type: none"> <li>Evaluates your needs related to computer use</li> <li>Every calendar year</li> </ul>	\$0
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$75 allowance for a wide selection of frames</li> <li>Every other calendar year</li> </ul>	\$0
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> <li>Every calendar year</li> </ul>	\$0
<b>VSP PRIMARY EYECARE PLAN<sup>SM</sup></b>	<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
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <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> <p><b>Retinal Screening</b></p> <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> <p><b>Laser Vision Correction</b></p> <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>	

## YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

1. Brands/Promotion subject to change. 2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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