City College of San Francisco (CCSF) Employees

Vision Plan Benefits-at-a-Glance

Covered Services	Vision Service Plan - Basic[1]	Vision Service Plan - Premier
Well Vision Exam	$10 co-pay every calendar year	$10 co-pay every calendar year
Single Vision Lenses **Lined Bifocal Lenses** **Lined Trifocal Lenses**	$25 co-pay every other calendar year[2] $25 co-pay every other calendar year[2] $25 co-pay every other calendar year[2]	$0 every calendar year $0 every calendar year $0 every calendar year
Standard Progressive Lenses **Premium Progressive Lenses** **Custom Progressive Lenses**	100% coverage every other calendar year $95–$105 co-pay every other calendar year $150–$175 co-pay every other calendar year	100% coverage every calendar year $25 co-pay every calendar year $25 co-pay every calendar year
Standard Anti-Reflective Coating **Premium Anti-Reflective Coating** **Custom Anti-Reflective Coating**	$41 co-pay every other calendar year $58–$69 co-pay every other calendar year $85 co-pay every other calendar year	$25 co-pay every calendar year $25 co-pay every calendar year $25 co-pay every calendar year
Scratch-Resistant Coating	Fully covered every other calendar year	Fully Covered every calendar year
Frames	$150 allowance for a wide selection of frames. $170 allowance for featured frames; 20% savings on amount over the allowance; $80 allowance at Costco and Walmart/Sam's Club; $25 co-pay applies; Every other calender year.	$300 allowance for a wide selection of frames. $320 allowance for featured frame; 20% savings on the amount over your allowance; $165 allowance at Costco and Walmart/Sam's Club; No additional co-pay; Every calender year.
Contacts *(instead of glasses)*	$150 allowance every other calendar year[2]	$250 allowance every calendar year
Contact Lens Exam	Up to $60 co-pay every other calendar year[2]	Up to $60 co-pay every calendar year
Essential Medical Eye Care *(for the treatment of urgent or acute ocular conditions)*	$5 co-pay	$5 co-pay
Lightcare	$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue-light filtering glasses, instead of prescription glasses or contacts, every other calendar year.	$300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue-light filtering glasses, instead of prescription glasses or contacts, every calendar year.

Biweekly (26 Pay Periods)	21 Pay Periods[3]	Monthly (12 Pay Periods)	9 Pay Periods[3]
E Only $5.63 **E + 1 Dep. $8.60** **E + 2 or more $17.54**	**E Only $8.18** | **$5.63** **E+1 Dep. $12.51** | **$8.60** **E+2 or more $25.51** | **$17.54**	**E Only $12.19** **E+1 Dep. $18.64** **E+2 or more $38.00**	**E Only $19.50** | **$12.19** **E+1 Dep. $29.82** | **$18.64** **E+2 or more $60.80** | **$38.00**

Your Coverage with Out-of-Network Providers

Visit **vsp.com** if you plan to see a provider other than a VSP network provider.

Exam Up to $50 **Frame** Up to $70	**Single Vision Lenses** Up to $45 **Lined Bifocal Lenses** Up to $65	**Lined Trifocal Lenses** Up to $85 **Progressive Lenses** Up to $85	**Contacts** Up to $105

[1]VSP Basic Plan coverage is included with your medical premium.
[2]Under the VSP Basic plan, new lenses may be covered the next year if Rx change is no less than a +/- 0.50 diopter power.
[3]Employees with 9 and 21 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.

Plan Year 2027