



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.

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 a 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! Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com,® the VSP online eyewear store.



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

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 provider.

Contact us.
800.877.7195 | vsp.com.

Active

Your VSP Vision Benefits Summary

Effective Date: 01/01/2018
VSP Provider Network: VSP Choice

The 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 20% savings on the amount over your allowance \$80 Costco® frame allowance Every other calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$300 allowance for a wide selection of frames 20% savings on the amount over your allowance \$165 Costco® frame 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"> Standard progressive lenses* Premium and custom progressive lenses Scratch-resistant coating Average 20-25% savings on other lens enhancements Every other calendar year 	\$0 \$95 - \$175 \$0	Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses* Premium and custom progressive lenses Anti-reflective coating Scratch-resistant coating Average 20-25% savings on other lens enhancements Every calendar year 	\$0 \$25 \$25 \$0
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

Computer Vision Care (also known as VDT, available for both plans for some unions per their contract)		
Computer Vision Exam	<ul style="list-style-type: none"> Evaluates your needs related to computer use Every calendar year 	\$0
Frame	<ul style="list-style-type: none"> \$75 allowance for a wide selection of frames Every other calendar year 	\$0
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and occupational lenses Every calendar year 	\$0
VSP Primary EyeCare Plan SM	<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

Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available at contracted facilities.

Biweekly Contribution (Basic Plan)	Biweekly Contribution (Premier Plan)
Included in Medical Premium	Employee Only \$5. ⁰¹ Employee + Spouse \$7. ¹⁷ Employee + Family \$14. ²³

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.

*Effective 7/1/2018.

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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