



# Vision Plan Benefits-at-a-Glance

Covered Services	VSP Basic <sup>1</sup>	VSP Premier	
<b>Well Vision Exam</b>	\$10 co-pay every calendar year	\$10 co-pay every calendar year	
<b>Single Vision Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year	
<b>Lined Bifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year	
<b>Lined Trifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year	
<b>Standard Progressive Lenses</b>	100% coverage every other calendar year	100% coverage every calendar year	
<b>Premium Progressive Lenses</b>	\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year	
<b>Custom Progressive Lenses</b>	\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year	
<b>Standard Anti-Reflective Coating</b>	\$41 co-pay every other calendar year	\$25 co-pay every calendar year	
<b>Premium Anti-Reflective Coating</b>	\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year	
<b>Custom Anti-Reflective Coating</b>	\$85 co-pay every other calendar year	\$25 co-pay every calendar year	
<b>Scratch-Resistant Coating</b>	Fully covered every other calendar year	Fully Covered every calendar year	
<b>Frames</b>	\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco® \$25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	\$300 allowance for a wide selection of frames \$320 allowance for featured frames \$165 allowance at Costco® No additional co-pay; 20% savings on the amount over your allowance every calendar year	
<b>Contacts</b> ( <i>instead of glasses</i> )	\$150 allowance every other calendar year <sup>2</sup>	\$250 allowance every calendar year	
<b>Contact Lens Exam</b>	Up to \$60 co-pay every other calendar year <sup>2</sup>	Up to \$60 co-pay every other calendar year	
<b>Primary Eye Care</b> ( <i>for the treatment of urgent or acute ocular conditions</i> )	\$5 co-pay	\$5 co-pay	
<b>Vision Care Discounts</b>			
<b>Laser Vision Correction</b>	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	
<b>VSP Premier Contribution</b>			
<b>Biweekly (26 Pay Periods)</b>	<b>Monthly (12 Pay Periods)</b>	<b>9 Pay Periods<sup>3</sup></b>	<b>21 Pay Periods<sup>3</sup></b>
<b>E Only \$4.85</b> <b>E + 1 Dep. \$7.35</b> <b>E + 2 or more \$15.13</b>	<b>E Only \$10.50</b> <b>E + 1 Dep. \$15.92</b> <b>E + 2 or more \$32.79</b>	<b>E Only \$16.80   \$10.50</b> <b>E + 1 Dep. \$25.47   \$15.92</b> <b>E + 2 or more \$52.46   \$32.79</b>	<b>E Only \$7.05   \$4.85</b> <b>E + 1 Dep. \$10.69   \$7.35</b> <b>E + 2 or more \$22.01   \$15.13</b>
<b>Your Coverage with Out-of-Network Providers</b>			
Visit <a href="http://vsp.com">vsp.com</a> if you plan to see a provider other than a VSP network provider.			
<b>Exam</b> Up to \$50 <b>Frame</b> Up to \$70	<b>Single Vision Lenses</b> Up to \$45 <b>Lined Bifocal Lenses</b> Up to \$65	<b>Lined Trifocal Lenses</b> Up to \$85 <b>Progressive Lenses</b> Up to \$85	<b>Contacts</b> Up to \$105

<sup>1</sup>VSP Basic Plan coverage is included with your medical premium.

<sup>2</sup>Under the VSP Basic plan, new lenses may be covered the next year if Rx change is more than .50 diopters.

<sup>3</sup>Employees with 9 and 21 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

IFPTE Local 21, SEIU 1021 and miscellaneous unrepresented employees are also eligible for VDT Computer VisionCare benefits. In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



# 2021 Medical Premium Contributions

## BIWEEKLY 26 PAY PERIODS

	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (CITY PLAN)	
	TRIO HMO		ACCESS+ HMO		Employer Pays	You Pay	Employer Pays	You Pay
<b>BOARD MEMBERS AND CLASSIFIED ADMINISTRATORS</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$346.20	\$23.41	\$393.97	\$32.36	\$314.99	\$0.00	\$356.96	\$242.31
Employee +1	\$590.61	\$147.19	\$681.40	\$169.82	\$519.61	\$109.00	\$590.35	\$571.75
Employee +2 or more	\$705.54	\$337.85	\$814.07	\$389.82	\$587.38	\$301.52	\$671.73	\$970.25
<b>SEIU 1021</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
Employee +1	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
Employee +2 or more	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96
<b>SFBCTU</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
Employee +1	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
Employee +2 or more	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96
<b>CLASSIFIED UNREPRESENTED (NON-UNION) EMPLOYEES</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
Employee +1	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
Employee +2 or more	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96
<b>STATIONARY ENGINEERS LOCAL 39</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
Employee +1	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
Employee +2 or more	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96

## BIWEEKLY 21 PAY PERIODS

	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
<b>SEIU 1021</b>								
<b>EMPLOYEE ONLY</b>								
December 26 – May 28	\$503.56	\$34.05	\$579.93	\$40.19	\$458.17	\$0.00	\$527.00	\$344.67
August 7 – December 24	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
<b>EMPLOYEE +1</b>								
December 26 – May 28	\$814.95	\$258.21	\$940.25	\$297.89	\$707.16	\$207.19	\$901.96	\$788.36
August 7 – December 24	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
<b>EMPLOYEE +2 OR MORE</b>								
December 26 – May 28	\$963.26	\$554.40	\$1,111.43	\$639.68	\$784.17	\$508.77	\$1,352.76	\$1,035.58
August 7 – December 24	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96
<b>SFBCTU</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
<b>EMPLOYEE ONLY</b>								
December 26 – May 28	\$503.56	\$34.05	\$579.93	\$40.19	\$458.17	\$0.00	\$527.00	\$344.67
August 7 – December 24	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
<b>EMPLOYEE +1</b>								
December 26 – May 28	\$814.95	\$258.21	\$940.25	\$297.89	\$707.16	\$207.19	\$901.96	\$788.36
August 7 – December 24	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
<b>EMPLOYEE +2 OR MORE</b>								
December 26 – May 28	\$963.26	\$554.40	\$1,111.43	\$639.68	\$784.17	\$508.77	\$1,352.76	\$1,035.58
August 7 – December 24	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96

SEIU 1021 & SFBCTU. January to June deductions (11 pay periods) include a 1.45 rate to pre-pay premiums for the summer coverage period.



# 2021 Medical Premium Contributions

## MONTHLY 12 PAY PERIODS

	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (CITY PLAN)	
	TRIO HMO		ACCESS+ HMO		Employer Pays	You Pay	Employer Pays	You Pay
<b>FACULTY</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$750.10	\$50.73	\$853.51	\$70.20	\$682.48	\$0.00	\$773.41	\$525.01
Employee +1	\$1,300.74	\$297.81	\$1,500.72	\$343.59	\$1,166.60	\$195.38	\$1,305.52	\$1,212.36
Employee +2 or more	\$1,582.47	\$678.20	\$1,825.90	\$782.53	\$1,339.58	\$586.37	\$1,529.78	\$2,027.85
<b>ACADEMIC ADMINISTRATORS</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$750.10	\$50.73	\$853.51	\$70.20	\$682.48	\$0.00	\$773.41	\$525.01
Employee +1	\$1,279.64	\$318.91	\$1,476.37	\$367.94	\$1,125.82	\$236.16	\$1,278.84	\$1,239.04
Employee +2 or more	\$1,528.67	\$732.00	\$1,763.82	\$844.61	\$1,272.67	\$653.28	\$1,455.43	\$2,102.20

## MONTHLY 9 PAY PERIODS

<b>PART-TIME FACULTY EMPLOYEES</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
<b>EMPLOYEE ONLY</b>								
January 1–May 31	\$1,200.16	\$81.17	\$1,365.62	\$112.32	\$1,091.97	\$0.00	\$1,237.46	\$840.02
September 1–December 31	\$750.10	\$50.73	\$853.51	\$70.20	\$682.48	\$0.00	\$773.41	\$525.01
<b>EMPLOYEE +1</b>								
January 1–May 31	\$2,081.18	\$476.50	\$2,401.15	\$549.74	\$1,866.56	\$312.61	\$2,088.83	\$1,939.78
September 1–December 31	\$1,300.74	\$297.81	\$1,500.72	\$343.59	\$1,166.60	\$195.38	\$1,305.52	\$1,212.36
<b>EMPLOYEE +2 OR MORE</b>								
January 1–May 31	\$2,531.95	\$1,085.12	\$2,921.44	\$1,252.05	\$2,143.33	\$938.19	\$2,447.65	\$3,244.56
September 1–December 31	\$1,582.47	\$678.20	\$1,825.90	\$782.53	\$1,339.58	\$586.37	\$1,529.78	\$2,027.85

Part-time Faculty Employees January to May deductions (5 pay periods) include a 1.60 rate to pre pay premiums for the summer coverage period.

