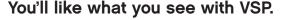


# Get access to the best in eye care and eyewear with the San Francisco Health Service System and VSP® Vision Care.

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.



- 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. Prefer to shop online? Check out all of the brands at **eyeconic.com** the VSP 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 provider.

## **Your VSP Vision Benefits Summary**

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.

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

Basic Plan			Premier Plan			
Benefit	Description	Copay	Benefit	Description	Copay	
WellVision Exam	<ul><li>Focuses on your eyes and overall wellness</li><li>Every calendar year</li></ul>	\$10	WellVision Exam	<ul><li>Focuses on your eyes and overall wellness</li><li>Every calendar year</li></ul>	\$10	
Prescription Glasses		\$25	Prescription Gla	Prescription Glasses		
Frame	• \$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	\$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	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> <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	
Lens Enhancements	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	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)	\$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)	\$250 allowance for contacts; copay does not apply     Contact lens exam (fitting and evaluation)     Every calendar year	Up to \$60	
VSP Primary EyeCare Plan <sup>sм</sup>						

Monthly Contribution (Basic Plan)	Monthly Contribution (Premier Plan)			
Included in Medical Premium	Employee Only \$10.86 Employee + Spouse \$15.54 Employee + Family \$30.86			

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.								
Examup to \$50 Frameup to \$70		Lined Trifocal Lensesup to \$85 Progressive Lensesup to \$85	Contactsup to \$105					

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.

#### Contact us. 800.877.1795 | vsp.com

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.