



Vision Plan Benefits-at-a-Glance

Covered Services		VSP Basic ¹	VSP Premier
Well Vision Exam		\$10 co-pay every calendar year	\$10 co-pay every calendar year
Single Vision Lenses		\$25 co-pay every other calendar year ²	\$0 every calendar year
Lined Bifocal Lenses		\$25 co-pay every other calendar year ²	\$0 every calendar year
Lined Trifocal Lenses		\$25 co-pay every other calendar year ²	\$0 every calendar year
Standard Progressive Lenses		100% coverage every other calendar year	100% coverage every calendar year
Premium Progressive Lenses		\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Progressive Lenses		\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year
Standard Anti-Reflective Coating		\$41 co-pay every other calendar year	\$25 co-pay every calendar year
Premium Anti-Reflective Coating		\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Anti-Reflective Coating		\$85 co-pay every other 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 \$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
Contacts (<i>instead of glasses</i>)		\$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 other calendar year
Primary Eye Care (<i>for the treatment of urgent or acute ocular conditions</i>)		\$5 co-pay	\$5 co-pay
Vision Care Discounts			
Laser Vision Correction		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
VSP Premier Contribution			
Biweekly (26 Pay Periods)	Monthly (12 Pay Periods)	9 Pay Periods³	21 Pay Periods³
E Only \$4.85 E + 1 Dep. \$7.35 E + 2 or more \$15.13	E Only \$10.50 E + 1 Dep. \$15.92 E + 2 or more \$32.79	E Only \$16.80 E + 1 Dep. \$25.47 E + 2 or more \$52.46	E Only \$7.05 E + 1 Dep. \$10.69 E + 2 or more \$22.01
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

¹VSP Basic Plan coverage is included with your medical premium.

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

³Employees 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					
BOARD MEMBERS AND CLASSIFIED ADMINISTRATORS	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
SEIU 1021	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	At the time of publication, City College of San Francisco (CCSF) 2021 Medical Rates were not finalized. Please visit sfhss.org for updates.							
Employee +1								
Employee +2 or more								
SFBCTU	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
CLASSIFIED UNREPRESENTED (NON-UNION) EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	At the time of publication, City College of San Francisco (CCSF) 2021 Medical Rates were not finalized. Please visit sfhss.org for updates.							
Employee +1								
Employee +2 or more								
STATIONARY ENGINEERS LOCAL 39	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

SEIU 1021	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY	At the time of publication, City College of San Francisco (CCSF) 2021 Medical Rates were not finalized. Please visit sfhss.org for updates.							
December 28 – May 29								
August 8 – December 25								
EMPLOYEE +1								
December 28 – May 29								
August 8 – December 25								
EMPLOYEE +2 OR MORE								
December 28 – May 29								
August 8 – December 25								
SFBCTU	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY								
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
EMPLOYEE +1								
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
EMPLOYEE +2 OR MORE								
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					
FACULTY	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
ACADEMIC ADMINISTRATORS	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

PART-TIME FACULTY EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY								
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
EMPLOYEE +1								
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
EMPLOYEE +2 OR MORE								
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.

