



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 \$10.50 E + 1 Dep. \$25.47 \$15.92 E + 2 or more \$52.46 \$32.79	E Only \$7.05 \$4.85 E + 1 Dep. \$10.69 \$7.35 E + 2 or more \$22.01 \$15.13
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	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	

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.

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



2022 Medical Premium Contributions

BIWEEKLY 26 PAY PERIODS

	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO-ACCOLADE	
	Employer Pays	You Pay	TRIO HMO	ACCESS+ HMO	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
BOARD MEMBERS AND CLASS. ADMIN.										
Employee Only	\$368.87	\$27.60	\$353.15	\$23.88	\$397.26	\$32.63	\$330.45	\$0.00	\$367.62	\$249.54
Employee +1	\$633.65	\$157.92	\$602.52	\$150.16	\$687.17	\$171.25	\$545.16	\$114.36	\$606.43	\$587.32
Employee +2 or more	\$757.00	\$362.49	\$719.79	\$344.68	\$820.97	\$393.13	\$616.28	\$316.36	\$689.48	\$995.88
CLASSIFIED EMPLOYEES										
Employee Only	\$371.07	\$25.40	\$353.15	\$23.88	\$402.03	\$27.86	\$330.45	\$0.00	\$373.13	\$244.03
Employee +1	\$601.12	\$190.45	\$571.58	\$181.10	\$651.89	\$206.53	\$510.08	\$149.44	\$636.99	\$556.76
Employee +2 or more	\$710.54	\$408.95	\$675.62	\$388.85	\$770.59	\$443.51	\$565.65	\$366.99	\$954.59	\$730.77

BIWEEKLY 21 PAY PERIODS

	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY										
Dec. 25 – May 27	\$539.74	\$36.95	\$513.67	\$34.73	\$584.77	\$40.52	\$480.65	\$0.00	\$542.73	\$354.95
Aug. 6 – Dec. 23	\$371.07	\$25.40	\$353.15	\$23.88	\$402.03	\$27.86	\$330.45	\$0.00	\$373.13	\$244.03
EMPLOYEE +1										
Dec. 25 – May 27	\$874.35	\$277.02	\$831.39	\$263.42	\$948.20	\$300.41	\$741.93	\$217.37	\$926.53	\$809.84
Aug. 6 – Dec. 23	\$601.12	\$190.45	\$571.58	\$181.10	\$651.89	\$206.53	\$510.08	\$149.44	\$636.99	\$556.76
EMPL. +2 OR MORE										
Dec. 25 – May 27	\$1,033.51	\$594.84	\$982.72	\$565.60	\$1,120.86	\$645.11	\$822.76	\$533.81	\$1,388.50	\$1,062.93
Aug. 6 – Dec. 23	\$710.54	\$408.95	\$675.62	\$388.85	\$770.59	\$443.51	\$565.65	\$366.99	\$954.59	\$730.77

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

MONTHLY 12 PAY PERIODS

	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO-ACCOLADE	
	Employer Pays	You Pay	TRIO HMO	ACCESS+ HMO	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
FACULTY										
Employee Only	\$799.17	\$59.85	\$765.15	\$51.75	\$860.66	\$70.78	\$715.97	\$0.00	\$796.51	\$540.68
Employee +1	\$1,395.55	\$319.51	\$1,326.99	\$303.82	\$1,513.41	\$346.50	\$1,223.97	\$204.99	\$1,341.07	\$1,245.38
Empl. +2 or more	\$1,697.89	\$727.87	\$1,614.45	\$691.91	\$1,841.38	\$789.16	\$1,405.50	\$615.23	\$1,570.20	\$2,081.42
ACADEMIC ADMINS.										
Employee Only	\$799.17	\$59.85	\$765.15	\$51.75	\$860.66	\$70.78	\$715.97	\$0.00	\$796.51	\$540.68
Employee +1	\$1,372.91	\$342.15	\$1,305.46	\$325.35	\$1,488.86	\$371.05	\$1,181.18	\$247.78	\$1,313.66	\$1,272.79
Empl. +2 or more	\$1,640.17	\$785.39	\$1,559.57	\$746.79	\$1,778.77	\$851.77	\$1,335.30	\$685.43	\$1,493.88	\$2,157.74

MONTHLY 9 PAY PERIODS

	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
PT. TIME FACULTY EMPLOYEES										
EMPLOYEE ONLY										
Jan. 1–May 31	\$1,278.68	\$95.76	\$1,224.25	\$82.79	\$1,377.05	\$113.25	\$1,145.55	\$0.00	\$1,274.41	\$865.09
Sept. 1–Dec. 31	\$799.17	\$59.85	\$765.15	\$51.75	\$860.66	\$70.78	\$715.97	\$0.00	\$796.51	\$540.68
EMPLOYEE +1										
Jan. 1–May 31	\$2,232.88	\$511.22	\$2,123.19	\$486.11	\$2,421.46	\$554.40	\$1,958.35	\$327.99	\$2,145.72	\$1,992.60
Sept. 1–Dec. 31	\$1,395.55	\$319.51	\$1,326.99	\$303.82	\$1,513.41	\$346.50	\$1,223.97	\$204.99	\$1,341.07	\$1,245.38
EMPL. +2 OR MORE										
Jan. 1–May 31	\$2,716.63	\$1,164.27	\$2,583.12	\$1,107.05	\$2,946.20	\$1,262.66	\$2,248.80	\$984.37	\$2,512.31	\$3,330.28
Sept. 1–Dec. 31	\$1,697.89	\$727.67	\$1,614.45	\$691.91	\$1,841.38	\$789.16	\$1,405.50	\$615.23	\$1,570.20	\$2,081.42

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.