

# A Look at Your VSP Vision Coverage

With VSP and the San Francisco Health Service System, your health comes first.

**vsp**  
vision care

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

You now have choices—stay enrolled in the Basic Plan, or choose the Premier Plan for enhanced benefits like a \$300 frame allowance or a \$250 contact lens allowance.

## Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling more than \$3,000 in savings.

## Provider choices you want.

Maximize your benefits at a **Premier Program** location, including thousands of **private practice doctors** and more than 700 **Visionworks® retail locations** nationwide.



## Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your  
benefit  
is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

## More Ways to Save

**Extra \$20**  
to spend on  
**Featured Frame Brands\***

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE   NINE WEST

See all brands and offers at [vsp.com/offers](https://vsp.com/offers).

**+** UP TO **40%**  
**SAVINGS ON LENS  
ENHANCEMENTS\*\***



**ACTIVE**



Contact us: **800.877.7195** or [vsp.com](https://vsp.com)

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

\*\*Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

\*\*\*Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction 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. TruHearing is not available directly from VSP in the states of California and Washington.

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Classification: Restricted

## Your VSP Vision Benefits Summary

The San Francisco Health Service System and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

### Provider Network:

VSP Choice

### Effective Date:

01/01/2023



BENEFIT	DESCRIPTION	COPAY
<b>BASIC PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal imaging</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes.</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed.</li> </ul>	\$0 per screening \$5 per exam
<b>PRESCRIPTION GLASSES</b> \$25		
<b>FRAME ***</b>	<ul style="list-style-type: none"> <li>\$150 frame allowance</li> <li>\$170 Feature Frame Brands allowance.</li> <li>\$80 Walmart/Sam's Club/Costco frame allowance</li> <li>20% savings on the amount over your allowance.</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li><b>Interim Benefits:</b> Lenses every 12 months with a prescription change of .50 diopter or more and change in axis of 15 degrees or more</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Scratch-resistant coating</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every other calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every other calendar year</li> </ul>	Up to \$60
<b>LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$150 allowance or \$170 Featured Frame Brand allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts</li> <li>Every other calendar year</li> </ul>	\$25

BENEFIT	DESCRIPTION	COPAY
<b>PREMIER PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal imaging</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes.</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed.</li> </ul>	\$0 per screening \$5 per exam
<b>PRESCRIPTION GLASSES</b> \$0		
<b>FRAME ***</b>	<ul style="list-style-type: none"> <li>\$300 frame allowance</li> <li>\$320 Featured Frame Brands allowance.</li> <li>\$165 Walmart/Sam's Club/Costco frame allowance</li> <li>20% savings on the amount over your allowance.</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Scratch-resistant coating</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$25 \$25 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$250 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$300 allowance or \$320 Featured Frame Brand allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts</li> <li>Every calendar year</li> </ul>	\$0

### VSP COMPUTER VISIONCARE™ PLAN (ALSO KNOWN AS VDT, AVAILABLE FOR BOTH PLANS FOR SOME UNIONS PER THEIR CONTRACT)

<b>COMPUTER VISIONCARE™ PLAN</b>	<ul style="list-style-type: none"> <li><b>Exam:</b> Evaluates your needs related to computer use</li> <li><b>Frame and lenses:</b></li> <li>\$75 frame allowance</li> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> <li>Anti-glare lenses</li> <li>UV protection</li> <li>Every calendar year</li> </ul>	\$0 for exam and glasses \$0 \$0
<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li> </ul> <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul> <b>Exclusive Member Extras</b> <ul style="list-style-type: none"> <li>Save up to 60% on digital hearing aids with TruHearing. Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.</li> </ul>	