

# A Look at Your VSP Vision Coverage



See Healthy and Live Happy with Help from the San Francisco Health Service System and VSP.

**vsp**  
vision care

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

Enroll in VSP® Vision Care to get personalized eye care from a VSP network doctor at low out-of-pocket costs.

### 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 for additional savings.

### Provider choices you want.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to **Premier Program** locations—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®. This comprehensive 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.

Get Your Perfect Pair

**EXTRA \$20** + **UP TO 40%**  
to spend on featured frame brands\*  
**SAVINGS ON LENS ENHANCEMENTS**

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE   NINE WEST

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



RETIREE



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

# 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>	<p>\$10</p> <p>Up to \$39</p>
<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 doctor for details.</li> <li>Available as needed.</li> </ul>	<p>\$0 per screening</p> <p>\$5 per exam</p>

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>	<p>\$10</p> <p>Up to \$39</p>
<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 doctor for details.</li> <li>Available as needed.</li> </ul>	<p>\$0 per screening</p> <p>\$5 per exam</p>

PRESCRIPTION GLASSES		\$25
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 Featured Frame Brand 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>	<p>\$0</p> <p>\$95 - \$105</p> <p>\$150 - \$175</p> <p>\$0</p>
<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

PRESCRIPTION GLASSES		\$0
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$300 allowance for a wide selection of frames</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>	<p>\$0</p> <p>\$25</p> <p>\$25</p> <p>\$0</p>
<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 Fame 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>	\$25

<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>

\*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.

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Classification: Restricted