



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

# It's Time to Enroll! Get to Know Your VSP Vision Benefits

San Francisco Health Service System  
Open Enrollment is 10/2/23 – 10/27/23  
Effective 1/1/2024



# Why VSP?



# Your VSP Plan Options at a Glance\*

\*Automatically enrolled in Basic Plan when enrolled in medical plan. Must enroll in medical plan with SFHSS to enroll in Basic or Premier Plan.

	Basic Plan*	Premier Plan
Exams	<ul style="list-style-type: none"> <li>WellVision Exam covered every calendar year <b>\$10</b> Copay</li> <li>Retinal imaging exam covered every calendar year <b>\$39</b> Copay</li> </ul>	
Essential Medical Eye Care	<ul style="list-style-type: none"> <li>\$5 per exam</li> <li>Retinal imaging for eligible 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> </ul>	
Frame Allowance	<b>\$150</b> Frame allowance <b>every other calendar year</b>	<b>\$300</b> Frame allowance <b>every calendar year</b>
Lenses*	<ul style="list-style-type: none"> <li>Fully covered single vision, lined bifocal, or lined trifocal lenses every other calendar year <b>\$25 copay</b> - Basic Plan</li> <li>Fully covered single vision, lined bifocal, or lined trifocal lenses every calendar year <b>\$0 copay</b> - Premier Plan</li> <li>Impact-resistant lenses for dependent children</li> </ul>	
Lens Enhancements	<ul style="list-style-type: none"> <li>Scratch-resistant coating covered in full</li> <li>Standard Progressive lenses covered with <b>\$0</b> Copay</li> <li><b>30%</b> average savings on lens enhancements, like UV protection</li> </ul>	<ul style="list-style-type: none"> <li>Scratch-resistant coating covered in full</li> <li>Standard Progressive lenses covered with <b>\$0</b> Copay</li> <li>Premium, Custom Progressive, and Anti-glare lenses with <b>\$25 Copay</b></li> <li>Anti-Glare lenses covered with <b>\$25 copay</b></li> <li><b>30%</b> average savings on lens enhancements, like UV protection</li> </ul>
Contact Lens Allowance (instead of glasses)	<b>\$150</b> allowance for contacts lenses and Copay up to <b>\$60</b> for contacts lens exam (fitting and evaluation)	<b>\$250</b> allowance for contacts lenses and Copay up to <b>\$60</b> for contacts lens exam (fitting and evaluation)
LightCare	<ul style="list-style-type: none"> <li>\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, with a <b>\$25 copay</b></li> <li>Every other calendar year</li> </ul>	<ul style="list-style-type: none"> <li>\$300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, with a <b>\$0 copay</b></li> <li>Every calendar year</li> </ul>
Computer Visioncare™ Plan (available for both plans for some Unions per their contract)	<ul style="list-style-type: none"> <li><b>Exam:</b> evaluates your needs related to computer use, \$0 for exam and glasses</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, covered in full**</li> <li>UV protection, covered in full**</li> <li>Lenses available every calendar year</li> <li>Frames available every other calendar year</li> </ul>	<ul style="list-style-type: none"> <li><b>Exam:</b> evaluates your needs related to computer use, \$0 for exam and glasses</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, covered in full**</li> <li>UV protection, covered in full**</li> <li>Lenses available every calendar year</li> <li>Frames available every other calendar year</li> </ul>

\*Basic Plan Interim Benefit: Lenses every calendar year with Rx change of .50 diopter and change in axis of 15 degrees or more.



# Best Value for Your Dollar

Here's an example of your potential savings as an individual when you receive an eye exam and get new prescription glasses. **Members save even more!**

	Without VSP	With Your VSP Plan
Eye Exam	\$203	<b>\$10 Copay</b>
Frame	<b>\$150</b>	<b>\$25 Copay</b>
Single Vision Lenses	\$111	
Anti-glare Coating	\$152	\$85
Light-reactive Lenses	\$133	\$75
<b>Total</b>	<b>\$749</b>	<b>\$195</b>

Estimated Annual Savings  
**\$554**



# Participating Retail Chains

There are many retail chain locations in the VSP network in addition to Visionworks, including:

- Costco Optical
- Pearle Vision
- MyEyeDr
- Clarkson Eyecare
- RxOptical
- And more



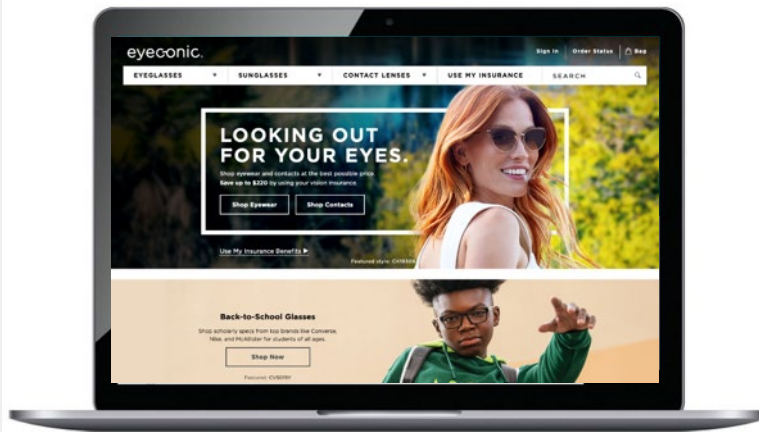


**Eyeconic** is the official VSP online store that seamlessly connects your VSP vision benefits to your account.

Eyeconic offers:

- A huge selection of contact lenses and designer frames 24/7 – and the Virtual Try-On Tool.
- Free shipping and returns\*
- 20% off any out-of-pocket expenses on eyewear after your frame allowance is applied.
- Specialty sizes that fit your needs.

Find your product, customize your order and we do the rest. Start saving today at **eyeconic.com**® today.



**eyeconic**

a vsp vision company

Eyeconic is a VSP-affiliated company

Classification: Confidential

\*Terms and conditions apply. Visit [eyeconic.com/faqs](https://eyeconic.com/faqs) for more details.

# Enjoy Savings Beyond Your Vision Benefits

## Get the Savings You Need.

Visit [vsp.com/offers](https://vsp.com/offers) to see all the Exclusive Member Extras. Take advantage of exclusive special offers for you and the whole family! Save on your favorite frame brands and contact lenses and get discounts on wellness products and services that make your life easier.

\$20

Enjoy an Extra \$20 on Featured Frame Brands.

40%

Save up to 40% on popular lens enhancements\*.

Offers vary based on state and benefit plan. Brands and offers subject to change.



# Using Your Benefit is Easy

## Once you're enrolled...

Create an account at **vsp.com** and review your personalized benefit information.

You can find a VSP in-network doctor by visiting **vsp.com** or calling **800.877.7195**.

At your appointment, simply tell them you have VSP—and we'll take care of the rest! There are no claim forms to fill out when you see a VSP network doctor.





# Out of Network

## YOUR VSP PLAN

**Exam – \$50**

**Single Vision Lenses – \$45**

**Lined Bifocal Lenses – \$65**

**Lined Trifocal Lenses – \$85**

**Progressive Lenses – \$85**

**Lenticular Lenses – \$125**

**Frame – \$70**

**Elective Contact Lenses – \$105**  
**(contacts are instead of glasses)**

**Get the most out of your benefits and  
greater savings with a VSP network doctor**

# Member ID Card



**MEMBER NAME:**

**MEMBER ID:** This may be the last four digits of your Social Security number or a unique ID number

**COVERAGE TYPE:**

**DOCTOR NETWORK:**

**COPAYS:**

For more about your coverage, visit [vsp.com](https://vsp.com) or call **800.877.7195**.

You'll get the most out of your benefits when you choose a VSP® network doctor who participates in the Premier Program. When you choose the Premier Program experience, you'll enjoy exclusive offers and services at one convenient location.



This card isn't required for service and doesn't guarantee benefit eligibility. It's for use by VSP members. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Utah members, your VSP coverage is provided by Vision Service Insurance Plan Company and is regulated by the State of Utah Insurance Division. Washington members, your VSP coverage is provided by VSP Vision Care, Inc.

©2022 Vision Service Plan. All rights reserved.  
VSP is a registered trademark of Vision Service Plan.  
All other brands or marks are the property of their respective owners. 104848 VCCM

# Enrollment

Please note: If you enroll in the Premier Plan, you must also enroll any dependents you wish to be covered.



# Enroll Today!

10/2/23 – 10/27/23

VSP helps you see well and be well with the coverage and quality care you deserve.

Questions? Contact us.

Call **800.877.7195** or visit **VSP.com**.