



**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

RETIREE

Make Eye Health a Priority with VSP!

Your health comes first with VSP and the San Francisco Health Service System. Take a look at your VSP vision care coverage.



VSP members save
an annual average of

\$489*

More Ways to Save

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

bebe Calvin Klein COLE HAAN
DRAGON FLEXON LONGCHAMP
and more

Up to **40%** savings on
lens enhancements‡

See all brands and offers
at vsp.com/offers.

Choose eyewear upgrades that give you more.

Get the essentials with the Basic Plan, or upgrade to the Premier Plan for enhanced vision coverage like a \$300 frame allowance or \$250 contact lens allowance.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

With private practice doctors, Visionworks®, and Eyemart Express retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Enroll through your employer today.

Questions?

sfhss.vspforme.com
800.877.7195 (TTY: 711)

vsp
PREMIER
edge

Get more at preferred in-network doctor locations

private
practice
doctors

Visionworks

**EYEMART
EXPRESS**
FAMILY OF STORES



Scan QR code or visit
sfhss.vspforme.com
to learn more.

Getting started is easy!

Let your plan do the most it can. When you create an account on vsp.com, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

*Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.
†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. **Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. ***Full Picture of Eye Health, American Optometric Association, 2020. +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. VSP Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.
Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

©2025 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan.
All other brands or marks are the property of their respective owners. 136668 VCCM

Classification: Restricted

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through the San Francisco Health Service System. Get coverage for essentials, or upgrade to enhance your coverage options.

Provider Network:

VSP Choice

Effective Date:

01/01/2026



| BENEFIT | DESCRIPTION | COPAY |
|---|---|--|
| BASIC PLAN Coverage with a VSP Doctor | | |
| WELLVISION EXAM* | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every calendar year | \$10 Up to \$39 |
| THE SUPPLEMENTAL BENEFIT OF ESSENTIAL MEDICAL EYE CARE | <ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Urgent/Emergency Care and Special Ophthalmological Services are covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed | \$5 per exam |
| PRESCRIPTION GLASSES | | \$25 |
| FRAME* | <ul style="list-style-type: none"> \$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart/Sam's Club/Costco frame allowance Every other calendar year | Included in Prescription Glasses |
| LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Interim Benefits: Lenses every 12 months with a prescription change of .50 diopter or more and change axis of 15 degrees or more Every other calendar year | Included in Prescription Glasses |
| LENS ENHANCEMENTS* | <ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Scratch-resistant coating Standard anti-glare lenses Premium anti-glare lenses Custom anti-glare lenses Average savings of 30% on other lens enhancements Every other calendar year | \$0 \$95 - \$105 \$150 - \$175 \$0 \$41 \$58 - \$69 \$85 |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every other calendar year | Up to \$60 |
| VSP LIGHTCARE™* | <ul style="list-style-type: none"> \$150 allowance or \$170 Featured Frame Brands for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every other calendar year | \$25 |

| | |
|---------------------------|--|
| ADDITIONAL SAVINGS | Glasses and Sunglasses <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 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. |
| | Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price or 5% off the promotional price; discounts available at contracted facilities. |
| | Exclusive Member Extras <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. Everyday savings on health, wellness, and more with VSP Simple Values. |

| BENEFIT | DESCRIPTION | COPAY |
|---|---|------------------------------------|
| PREMIER PLAN Coverage with a VSP Doctor | | |
| WELLVISION EXAM* | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every calendar year | \$10 Up to \$39 |
| THE SUPPLEMENTAL BENEFIT OF ESSENTIAL MEDICAL EYE CARE | <ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Urgent/Emergency Care and Special Ophthalmological Services are covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed | \$5 per exam |
| PRESCRIPTION GLASSES | | \$0 |
| FRAME* | <ul style="list-style-type: none"> \$320 Featured Frame Brands allowance \$300 frame allowance 20% savings on the amount over your allowance \$165 Walmart/Sam's Club/Costco frame allowance Every calendar year | Included in Prescription Glasses |
| LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year | Included in Prescription Glasses |
| LENS ENHANCEMENTS* | <ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Anti-glare lenses Scratch-resistant coating Average savings of 30% on other lens enhancements Every calendar year | \$0 \$25 \$25 \$25 \$0 |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$250 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year | Up to \$60 |
| VSP LIGHTCARE™* | <ul style="list-style-type: none"> \$300 allowance or \$320 Featured Frame Brands for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every calendar year | \$0 |