

City of San José
Retirement Services Department
VISION PLAN COMPARISON

	EyeMed Vision Care 1-866-723-0514 www.eyemedvisioncare.com	Vision Service Plan (VSP) 1-800-877-7195 www.vsp.com
	Full Plan Group# 9681594--FED/ Group #9681602-P&F	Full Plan Group# 12112926
Plan Descriptions	EyeMed Vision Care is a managed vision care provider which is the largest retailer of eyewear products and optometric services in the U.S. with a network of over 30,000 private and optical retailers including Pearle Vision, Sears Optical, Target Optical, and LensCrafters.	VSP is a managed vision care network which includes over 36,000 access points with fully licensed doctors located in medical offices and in shopping centers across the nation.
Office Visit Co-pays	\$10 per visit	\$10 per visit
Eye Exams	Paid in full, one exam every calendar year. If the exam is a contact lens exam, fees for fitting and follow-up are not included.	Paid in full, one exam every calendar year. A contact lens exam is in addition to the vision exam and includes a 15% discount.
Frames	Paid in full, up to the \$115 retail allowance for a frame, limited to one set of frames every calendar year. Additional costs are discounted by 20%	Paid in full, up to the \$115 retail cost, limited to one set of frames every other calendar year. Additional costs are discounted by 20%
Frame Selection	Allowance covers approximately 20% of selection at larger retailers.	Allowance covers approximately 42% of selection available.
Eyeglass Lenses	Paid in full, limited to once every calendar year. Includes standard uncoated lenses regardless of size or power. Progressive lenses (no-line) available for a \$65 co-pay.	Paid in full, limited to once every calendar year. Includes single vision, lined bifocal and lined trifocal lenses. Polycarbonate lenses are at no additional charge for children.
Additional Lens Options	Lens options including scratch-resistant coating, solid or gradient tint, photo chromatic glass, and anti-reflective coating are available at additional discount.	Average 30% savings (cost-controlled) on lens options such as scratch resistant and anti-reflective coatings and progressives.
2nd Pair of Glasses	40% Discount on full pair (frame & lenses)	20% Discount on frames and lenses and non-RX sun wear.
Contact Lenses (in lieu of eyeglass lenses and frames)	Once every 12 months. \$100 retail allowance. If medically necessary, covered in full	Once every 12 months. \$105 retail allowance. If medically necessary, covered in full.
Monthly Premium		
Member Only Member + 1 Member + 2 or more	\$6.78 \$13.14 \$16.14	\$12.58 \$17.88 \$31.92
Out-of-Network Claims	Both VSP and EyeMed accept claims reimbursement requests for services accessed outside of their networks. VSP or EyeMed about out-of-network claims reimbursement prior to accessing non-network service providers.	Out-of-network claims are paid at reduced levels. Please consult
Enrollment Rules	Eligible members may enroll in a vision plan during the Retirement Services Department's annual Open Enrollment period each November.	
Enrollment Requirements	Members may enroll eligible dependents within the first 30 days of their dependents' initial date of eligibility (birth, marriage, adoption, etc.) or during the Retirement Services Department's annual Open Enrollment period each November.	
Contact Retirement Services	If you have questions regarding this Vision Plan Comparison sheet, please contact Retirement Services on (408) 794-1000 or toll free on 1 (800) 732-6477.	