

City of San José
VISION PLAN COMPARISON

	EYEMED VISION CARE (Group# 9681586) 1-866-723-0514 www.eyemedvisioncare.com	VISION SERVICE PLAN (Group# 12112926) 1-800-877-7195 www.vsp.com	EYEMED VISION CARE EYEWEAR MATERIALS-ONLY PLAN (Group# 9721127) 1-866-723-0514 www.eyemedvisioncare.com
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 practice and optical retailers including LensCrafters, Pearl Vision, Sears Optical and Target Optical.	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.	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 practice and optical retailers including LensCrafters, Pearl Vision, Sears Optical and Target Optical.
Office Visit Co-payment	\$10 per visit.	\$10 per visit.	Not Applicable.
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.	Not Covered.
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%.	Paid in full, up to the \$130 retail allowance for a frame, limited to one set of frames every calendar year. Additional costs are discounted by 20%.
Frame Selection	Allowance covers approximately 20% of selection at large retailers.	Allowance covers approximately 42% of selection available.	Allowance covers approximately 20% of selection at large retailers.
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 \$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.	Paid in full, limited to once every calendar year. Includes standard uncoated lenses regardless of size or power. Progressive lenses (no-line) available for \$65 co-pay.
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.	Lens options including scratch-resistant coating, solid or gradient tint, photo chromatic glass and anti-reflective coating are available at additional discount.
2nd Pair of Glasses	40% Discount on full pair (frame & lenses).	20% Discount on frames and lenses and non-RX sun wear.	40% Discount of full pair (frame & lenses).
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.	Once every 12 months. \$100 retail allowance. If medically necessary, covered in full.
Out-of-Network Claims	Both EyeMed and VSP accept claims reimbursement requests for services accessed outside of their networks. Out-of-network claims are paid at reduced levels. Consult with EyeMed or VSP about out-of-network claims reimbursement prior to accessing non-network service providers.		
Enrollment Rules	Eligible employees may enroll in a vision plan within the first 30 days of employment or during the City's annual Open Enrollment period each November. Employees may enroll eligible dependents within the first 30 days of their dependents' initial date of eligibility (birth, marriage, adoption, etc.) or during the City's annual Open Enrollment period each November.		
Enrollment Requirements	Employees may only drop coverage or switch plans during Open Enrollment, unless there is an IRS qualifying event that would allow for a mid-plan year change. All changes made during Open Enrollment will be effective the first day of the following calendar year. Exceptions to this rule are provided for full-time MEF, CEO, and AMSP employees who meet one of the following three conditions: 1) Promotion or transfer to a non MEF, CEO, or AMSP position; 2) Transfer from a FT to a PT MEF, CEO, or AMSP position; or, 3) FT MEF, CEO, or AMSP employee begins a Reduced Work Week agreement with their department.		
Vision Plan Rates	Vision Plan Rate sheets are available on the Human Resources Intranet Site (www.csj.gov) or in Human Resources (City Hall Wing 2nd floor).		
Contact Employee Benefits	If you have any questions about this Vision Plan Comparison sheet, please contact an Employee Benefits staff member at (408) 535-1285.		