



Vision Plan provided by VSP
Customer Service Number: (800) 877-7195
Website: www.vsp.com

The following table outlines your Vision Benefits and Benefit Allowances. All benefits are based on Reasonable and Customary.

- Eye Exams (Every 12 months)
- Lenses (Every 12 months)
- Frames (Every 24 months)
- Contact Lenses (Every 12 months)

Co-payment Amount: \$10 for exams and prescription glasses.

In-Network Benefits	
Eye Exams	Covered in full.
Lenses	Single vision, lined bifocal and lined trifocal lenses covered in full. Photochromic or tinted lenses covered in full. Polycarbonate lenses for dependent children covered in full.
Frames	Frame of your choice covered up to \$150.00. Plus, 20% off any out-of-pocket costs.

Contact Lens Care

When you choose contacts instead of glasses, your \$100 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.

Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or www.vsp.com.

Extra Discounts and Savings

In addition an employee who visits an in-network doctor will be entitled to:

- Laser Vision Correction Discounts
- Average 30% savings on lens options such as scratch resistant and anti-reflective coatings and progressives
- 20% off additional prescription glasses and sunglasses, including lens options*
- 15% off cost of contact lens exam (fitting and evaluation)

* Available from any VSP doctor within 12 months of your last eye exam

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at **(800) 877-7195**.

Out-Of-Network Benefits	
Exam	Up to \$50
Single Vision	Up to \$50
Lined Bifocal	Up to \$75
Lined Trifocal	Up to \$100
Tinted Lenses	Up to \$10
Frame	Up to \$70
Contacts	Up to \$105

VSP guarantees service from VSP network doctors only.
In the event of a conflict between this information and your organization's contract with VSP,
the terms of the contract will prevail.