



January 1 – December 31, 2015

Vision Plan

| BENEFIT FEATURES | | |
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| | Vision Service Plan | |
| Choice of Doctor | Any provider you wish. However, the plan pays higher benefits if you receive care from a VSP Network doctor. | |
| | In Network | Out of Network |
| Copay | \$15 per individual | \$15 Per individual |
| Annual Eye Exam | Plan pays 100% per plan year. | Plan pays up to \$40 per exam per plan year. |
| Lenses* | | |
| <ul style="list-style-type: none"> • Single Vision, Lined Bifocal, Lined Trifocal • Polycarbonate Lenses & Scratch Resistant Coating • Specialty, or Oversize | Plan pays 100% for one pair per plan year. Contact plan for specific details Average savings of 35% – 40% on lens enhancements | Contact plan for specific details. Contact plan for specific details You pay additional retail costs over the allowance. |
| Frames* | Plan pays 100% of retail price up to \$130, every other year; 20% savings on the amount over the allowance. | Plan pays up to \$45; you pay retail price over \$45. |
| Contact Lenses* | | |
| <ul style="list-style-type: none"> • Cosmetic • Medically Necessary | Up to \$105 for contact lens fitting, evaluation & materials. Plan pays 100% per plan year. | Up to \$105 for contact lens fitting, evaluation & materials. Up to \$210 for contact lens fitting, evaluation & materials |
| Laser Eye Surgery | \$500 per Eye per Lifetime. | |
| Cost for Coverage (Twice-Monthly) | | |
| <ul style="list-style-type: none"> • Employee Only • Employee + 1 Dependent • Employee + 2 or more Dependents | | \$4.45 \$10.28 \$13.93 |

* Vision plans will cover lenses or contacts each year, and frames once every other year (24 months).

NOTE: (1) Call VSP Customer Service at (800) 877-7195 or visit the VSP website at www.vsp.com for a list of member doctors in your area. A participating doctor will call VSP to verify your eligibility. (2) Additional glasses are available with a 30% discount from the same VSP doctor on the same day as your WellVision Exam.