



Exam:

In-Network

Frequency: Once every 365 Days
 Covered in full after \$10 Co-Pay

Out-of-Network

Plan pays up to \$40 allowance after \$10 Co-Pay

Lenses:

Frequency: Once every 365 Days
 Single Vision Lenses: Covered in Full after \$25 Co-Pay
 Bifocal Lenses: Covered in Full after \$25 Co-Pay
 No-Line Bifocal Lenses: Discounted after \$25 Co-Pay
 Trifocal Lenses: Covered in Full after \$25 Co-Pay
 No-Line Trifocal Lenses: Discounted after \$25 Co-Pay
 Lenticular Lenses: Covered in Full after \$25 Co-Pay
 Polycarbonates (Kids): Covered in Full after \$25 Co-Pay
 Polycarbonates (Adults): Covered in Full after \$25 Co-Pay

Plan pays up to \$35 after \$25 Co-Pay

Plan pays up to \$52 after \$25 Co-Pay

Plan pays up to \$65 after \$25 Co-Pay

Plan pays up to \$85 after \$25 Co-Pay

Frames:

Frequency: Once every 365 Days
 Allowance: Plan pays up to \$130; Member pays the balance minus 20%

Plan pays up to \$45

Elective Contacts (in lieu of Glasses (lenses & frames)):

Frequency: Once every 365 Days
 Allowance: Plan pays up to \$120 towards contact lens exam (fitting and evaluation) and contacts; Member pays balance

Plan pays up to \$105 after \$25 Co-Pay

Medically Required Contacts:

Frequency: Once every 365 Days
 Allowance: Plan pays the full cost of Medically Required Contact Lens's, Exam and Evaluation

Plan pays up to \$205 after \$25 Co-Pay

Value Added Savings:

- Average of 30% Savings on "Lens Options", such as Scratch-Resistant and Anti-Reflective Coatings & Progressives
- 20% off additional Glasses & Sunglasses, including "Lens Options"
- 15% off cost of Contact Lens Exam (fitting & evaluation)
- Discounts on Laser Vision Correction (Contact USAvision for more information)

Monthly Premium Rates:

Employee:	\$11.95
Employee & Spouse:	\$19.95
Employee & Child(ren):	\$19.95
Employee & Family:	\$34.95

The above rates are based on the VSP Network. Rates will be guaranteed for 2 years, unless other arrangements are made in advance of the group becoming effective.