

# VISION SERVICE PLAN (VSP) FOR EXEMPT EMPLOYEES

Service	In-Network	Out-Of-Network
<b>Routine Exam/Frame/ Lens Frequency</b>	1 every 12 months	
<b>Routine Exam/ Professional Fees</b>	Plan pays 100% after \$10 copay.	You pay \$10 copay, then plan pays maximum of \$25.
<b>FRAMES</b>	Plan pays 100% up to \$120 retail.	Plan pays maximum benefit of \$18.
<b>MATERIALS/LENSES</b>  <b>Single Vision Lenses</b> <b>Bifocal Lenses</b> <b>Progressive Lenses</b> <b>Trifocal Lenses</b> <b>Lenticular Lenses</b> <b>Polycarbonate Lenses</b>	Plan pays 100% after \$15 copay.	You pay \$15 copay, then plan pays maximum benefit of:  \$25 \$35 \$52 \$52 \$62 \$0
<b>CONTACT LENSES</b> <b>Elective (Instead of Lenses and Frames)</b>	Plan pays maximum of \$125 plus standard eye exam.	
<b>Medically Necessary</b>	Plan pays 100% plus standard eye exam.	Plan pays maximum of \$125 plus standard eye exam.