



Vision

VISION SERVICE PLAN (VSP) for exempt employees

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