

Vision Benefits

- Vision benefits are offered through VSP
- Call 1-800-877-7196 or go to vsp.com to locate participating providers

Benefit Description	In-Network	Out-of-Network
	Vision Plan Pays	Vision Plan Pays
Eye Exam Limited to every calendar year	100% after \$10 copayment	Reimbursed up to \$45
Lenses Limited to every calendar year Single Vision Bifocal Lenses Trifocal Lenses Standard Progressive Lenses	100% after \$25 copayment 100% after \$25 copayment 100% after \$25 copayment 100% after \$55 copayment	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 Reimbursed up to \$50
Frames Limited to every calendar year	100% up to \$130 allowance	Reimbursed up to \$70
Contact Lenses (Instead of glasses) Limited to every calendar year Elective	100% up to \$130 allowance Contact lens exam (fitting and evaluation) Up to a \$60 copayment	Reimbursed up to \$105