Vision Insurance – VSP through Delta Dental
(find a provider at www.vsp.com/eye-doctor or call Customer Service toll free at 800-877-7195)

Coverage Tier	Employee Per-Pay Premium Rate
□ Employee Only	□ $1.52
□ Employee + Spouse*	□ $7.93
□ Employee + Children*	□ $6.06
□ Family*	□ $13.49

Service	Frequency
□ Exam	□ 12 Months
□ Frames	□ 24 Months
□ Lenses	□ 12 Months
□ Contact Lenses (in lieu of frames & lenses)	□ 12 Months

Features	In-Network	Out-of-Network
Eye Exam	$10 Co-Pay	Plan pays up to $45
Contact Lens		
□ Fitting and Evaluation (once every 12 months)	Plan pays up to $60	No discount available for out-of-network providers
Frames	$10 Material Co-Pay, then $130 Allowance	Plan pays up to $70
Standard Lenses		
□ Single Vision	$10 Material Co-Pay	Plan pays up to $30
□ Bifocal (lined)	$10 Material Co-Pay	Plan pays up to $50
□ Trifocal (lined)	$10 Material Co-Pay	Plan pays up to $65
□ Progressive	$10 Material Co-Pay	Plan pays up to $50
□ Lenticular	$10 Material Co-Pay	Plan pays up to $100
Elective Contact Lenses (in lieu of frames and lenses)**	$130 Allowance	Plan pays up to $105
Medically Necessary Contact Lenses	$10 Material Co-Pay	Plan pays up to $210

Additional In-Network Features	
Frames Discount Over Allowance	An extra $20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.
Additional Pair	20% savings on unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP network provider within 12 months of exam.
LASIK	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.

*See "Definitions of Important Benefit Terminology" in this Guide for more information on Eligible Dependents.

**Elective contact lenses are provided in lieu of all other lens and frame benefits. When contact lenses are obtained, you will not be eligible for lenses and frames again for 12 months.