

2009 Vision Plans

	Vision Standard Plan	Vision Buy-Up Plan
Exam copay	\$25 total copay	\$5
Materials Copay (lenses & frames)		\$10
Exam	once every 12 months	once every 12 months
Lenses	once every 12 months	once every 12 months
Frames	once every 24 months	once every 12 months
Contacts (in lieu of glasses)	once every 12 months	once every 12 months
Exam (in network)	Covered in full after copay	Covered in full after copay
Lenses (in network)	Covered in full after copay	Covered in full after copay
Additional Lens Options (in network)	Polycarbonate for children covered	Polycarbonate for children and adults, progressives, antireflective coating covered
Frame (in network)	\$120 allowance (20% discount on average)	\$150 allowance (20% discount on average)
Elective Contacts (in network)	\$120 allowance	\$150 allowance
Exam (out of network)	\$45 reimbursement	\$45 reimbursement
Lenses (out of network)	\$45/\$65/\$85 reimbursement (single/bifocal/trifocal)	\$45/\$65/\$85 reimbursement (single/bifocal/trifocal)
Frames/Elective Contacts (out of network)	\$47/\$105 reimbursement	\$47/\$105 reimbursement
Employee Only Premium	\$9.75	\$18.34
Employee & Family Premium	\$20.90	\$39.32

Additional diagnostic tests, services, and lens treatments (high-index, transition lens, etc.) may qualify for a discount, or may not be covered by this plan at all. The VSP network optometrist can explain what is covered and what your costs will be.