

Vision (continued)

PLAN BENEFITS	VSP PROVIDER BENEFITS	NON-VSP PROVIDER REIMBURSEMENT AMOUNTS
Vision Exam (once per calendar year)	100% after \$15 copay	Up to \$40
Eyeglass Lenses (once per calendar year)	100% after \$15 copay ¹	Up to \$40 (Single Vision) Up to \$60 (Bifocal) Up to \$80 (Trifocal) Up to \$125 (Lenticular)
Frames (every two calendar years)	100% after \$15 copay (up to \$150)	Up to \$45
Necessary Contacts ² (once per calendar year) Contact Lens Evaluation, Fitting Fees and Contact Lenses	100% after \$15 copay	Up to \$210
Elective Contacts ³ (once per calendar year) Contact Lens Evaluation, Fitting Fees and Contact Lenses	Up to \$135	Up to \$105

(1) Special frames and tinted lenses will cost more.

(2) Necessary contacts—required after cataract surgery; to correct extreme acuity problems that cannot be corrected with glasses; for certain conditions of anisometropia and keratoconus.

(3) Elective contacts—for any other reason than stated above and are covered instead of lenses and frames.