



Vision

Your Coverage with a VSP Signature Provider	
WellVision Exam – every calendar year	\$10 Co-pay
Prescription Glasses	
<i>Lenses - every calendar year</i> <ul style="list-style-type: none"> • Single vision, lined bifocal and lined trifocal lenses • Polycarbonate lenses for dependent children 	\$25 Co-pay
<i>Frame – every other calendar year</i> <ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • 20% off amount over your allowance 	
~OR~	
Contacts (instead of glasses) – every calendar year	
<i>Medically Necessary</i>	\$25 Copay
<i>Conventional</i> <ul style="list-style-type: none"> • Contact lens exam (fitting and evaluation) • \$130 allowance for contacts 	Amount Over \$130.00

Extra discounts and savings available on additional glasses, sunglasses, lens options, contacts and laser vision correction.

Locate a VSP Signature provider at vsp.com or call 1-800-877-7195.

Note: This is only a partial summary; please see the VSP Benefit Summary for a full description of benefits.



Vision Plan Costs for 2015

Plan Rates Effective January 1, 2015

Coverage	Your Cost Per Pay
Employee	\$1.45
Employee + Spouse	\$2.90
Employee + Child(ren)	\$2.90
Family	\$4.32