

YOUR 2019 VISION PLAN

WHAT	HOW OFTEN	WHAT YOU PAY	
		VSP PROVIDER	NON-VSP PROVIDER
Copay	Per calendar year	\$10 per covered individual for exam and glasses	\$10 per covered individual for exam and glasses
Exam	Once every calendar year	Included in copay above	100% of all expenses in excess of \$42 annual reimbursement
Lenses (polycarbonate lenses for covered children are covered in full)	Once every calendar year	Included in copay above	<ul style="list-style-type: none"> • Single: 100% of all expenses in excess of \$40 annual reimbursement • Bifocals: 100% of all expenses in excess of \$60 annual reimbursement • Trifocals: 100% of all expenses in excess of \$80 annual reimbursement • Lenticular: 100% of all expenses in excess of \$125 annual reimbursement
Frames	Once every other calendar year	100% of all expenses in excess of \$300 annual allowance	100% of all expenses in excess of \$45 annual reimbursement
Contact Lenses	In lieu of lenses and frames, once every calendar year	100% of all expenses (including contact lens exam) in excess of \$300 annual allowance	100% of all expenses in excess of \$120 annual reimbursement
Follow-Up Discounts	Available only during the 12 months after the date of your covered exam	You receive a 20% discount on additional vision supplies and services from the doctor's office where you had the exam	Not covered
Computer Visioncare Benefit (employees only: this benefit allows you to get an extra pair of glasses for computer use)	<ul style="list-style-type: none"> • Exam: Once every calendar year • CVC frames: Once every other calendar year • CVC lenses: Once every calendar year 	\$10 copay for exam and lenses every calendar year, and 100% of all expenses in excess of \$80 for frames every other calendar year	Not covered
Laser Vision Correction Surgery	N/A	You receive a discount when you use a VSP provider	You do not receive a discount when you use a non-VSP provider
Repair/Replacement Benefit	<ul style="list-style-type: none"> • Frame: Once every other calendar year • Lenses: Once every calendar year 	100% of all expenses in excess of \$300 allowance (frames replaced only if the repair cost exceeds replacement cost) Covers repair or replacement of damaged or broken standard lenses	Not covered