

# Vision Benefits

General Plan Information	VSP – Choice Network Core Benefit	VSP – Choice Network Buy-Up Option
Exam Materials Frequency of Services <ul style="list-style-type: none"> <li>• Exam</li> <li>• Lenses OR Contacts</li> <li>• Frames</li> </ul> Annual Allowances <ul style="list-style-type: none"> <li>• Frames</li> <li>• Contacts in lieu of Frames</li> </ul>	\$25 \$25 12 months 24 months 24 months \$120 \$120	\$25 included with exam copay 12 months 12 months 12 months \$120 \$120
<b>NON-MEMBER DOCTOR</b> Benefits: (amount reimbursed, less deductible) <ul style="list-style-type: none"> <li>Vision Exam</li> <li>Lenses (Pair)               <ul style="list-style-type: none"> <li>- Single Vision</li> <li>- Bifocal</li> <li>- Trifocal</li> <li>- Lenticular</li> </ul> </li> <li>Frame</li> <li>Contact Lenses (in lieu of other eyewear)               <ul style="list-style-type: none"> <li>- Medically Necessary</li> <li>- Elective</li> </ul> </li> </ul>	Up to \$45 Paid Up to \$30 Paid Up to \$50 Paid Up to \$65 Paid Up to \$100 Paid Up to \$70 Paid Up to \$210 Paid Up to \$105 Paid	Up to \$45 Paid Up to \$30 Paid Up to \$50 Paid Up to \$65 Paid Up to \$100 Paid Up to \$70 Paid Up to \$210 Paid Up to \$105 Paid

Note: This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.