# Vision Plan (VSP) At-a-Glance

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>VSP PROVIDER (IN-NETWORK)</th>
<th>NON-VSP PROVIDER (OUT-OF-NETWORK)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam—annual</td>
<td>$10 deductible: Plan pays 100%</td>
<td>$10 deductible: Plan reimburses up to $52</td>
</tr>
<tr>
<td>Eyeglass lenses (once every 12 months)</td>
<td></td>
<td>$25 deductible(^1): Plan reimburses up to:</td>
</tr>
<tr>
<td>Single vision</td>
<td>$25 deductible(^1): Plan pays 100%</td>
<td>$55</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$25 deductible(^1): Plan pays 100%</td>
<td>$75</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$25 deductible(^1): Plan pays 100%</td>
<td>$95</td>
</tr>
<tr>
<td>Lenticular</td>
<td></td>
<td>$125</td>
</tr>
<tr>
<td>Progressive</td>
<td>$60 - $119 deductible: Plan pays 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Eyeglass frames (once every 2 years)</td>
<td>$25 deductible(^1): Plan pays up to $120</td>
<td>$25 deductible(^1): Plan reimburses up to $45</td>
</tr>
<tr>
<td>Contact lenses (once every 12 months)</td>
<td>Plan pays up to $120 for contacts and fitting exam</td>
<td>Plan reimburses up to $105 for contacts and fitting exam</td>
</tr>
</tbody>
</table>

\(^1\) Deductible applies to a complete pair of glasses or frames, whichever you choose.

## 2019 Employees’ Per-Pay Contributions for Vision Coverage

<table>
<thead>
<tr>
<th>COVERAGE LEVEL</th>
<th>VSP VISION SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + spouse or other eligible adult</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + child</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + children</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + family (spouse or other eligible adult + children)</td>
<td>$0.00</td>
</tr>
</tbody>
</table>