

**Voluntary Vision Plan - VSP  
January 1, 2007 – December 31, 2007**

Information provided is in summary format. Any difference between the summary provided and actual contract will be settled in favor of the contract.		
<b>Vision Exam:</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Time Limit	One exam every 12 months	
Payment Limit	\$20 Copay	Up to \$45 reimbursement
<b>Frames:</b>		
Time Limit	One pair every 24 months	
Payment Limit	Up to \$120	Up to \$47 reimbursement
<b>Lenses:</b>		
Time Limit	One pair every 12 months	
Payment Limits:	After \$20 Copay (applied to lenses and frames):	
Single Vision	100%	Up to \$47 reimbursement
Bifocal	100%	Up to \$65 reimbursement
Trifocal	100%	Up to \$85 reimbursement
<b>Prescription Contact Lenses:</b>		
Time Limit	One pair every 12 months	
Payment Limits	Up to \$105	Up to \$105 reimbursement
<b>Member may choose either frames/lenses or contacts in the stated time periods</b>		