

Vision Benefits

Our Vision Plan is administered by Vision Service Plan (VSP). The VSP network includes many providers to choose from. If you go out-of-network, you will receive reduced benefits.

During our annual Open Enrollment period, you may add or drop vision coverage for you and your dependents.

VISION SERVICE (Signature Plan)	In-Network	Out-of-Network
Exam Copay	\$10	\$10 (Reimbursed up to \$50)
Exam Frequency	1 Every 12 Months	1 Every 12 Months
Lenses Copay	\$20	\$20 (Reimbursed up to \$50 Single Vision, \$75 Bifocals, \$100 Trifocals)
Lenses Frequency	1 Every 12 Months	1 Every 12 Months
Frames Copay	\$20 (Combined with Lenses)	\$20 (Combined with Lenses)
Frames Frequency	1 Every 24 Months	1 Every 24 Months
Frames Allowance	\$150 + 20% Off Balance	Reimbursed up to \$70
Contacts	1 Every 12 Mos. (in lieu of glasses)	1 Every 12 Mos.(in lieu of glasses)
Contact Allowance	\$150 Allowance	Reimbursed up to \$105
Dependent Child Eligibility	End of Cal. Yr. in which he/she turns Age 26	End of Cal. Yr. in which he/she turns Age 26

Vision Employee Premium Contributions (per month)

	Current	2016
Employee	\$ 9.17	\$9.77
Employee + Spouse	\$15.44	\$16.44
Employee + Children	\$15.76	\$16.78
Employee + Family	\$25.41	\$27.06