

Employee Benefits Guide

Vision Benefits

Our Vision Plan is provided through Vision Service Plan (VSP). The VSP network includes many providers to choose from. If you use an out-of-network vision provider, 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 Months (in lieu of glasses)	1 Every 12 Months (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)

	2016	2017
Employee	\$ 9.77	\$9.77
Employee + Spouse	\$16.44	\$16.44
Employee + Children	\$16.78	\$16.78
Employee + Family	\$27.06	\$27.06

