## Vision Plan Service (VSP) - Vision Choice Low Plan

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Glasses and Frames</td>
<td>$150</td>
<td>Allowance for frames; every calendar year. Employees may get glasses or contacts on this plan each year.</td>
</tr>
<tr>
<td>Annual Well Vision Exam</td>
<td>$10</td>
<td>Every calendar year</td>
</tr>
<tr>
<td>Contact Lenses Copay</td>
<td>$0</td>
<td>Every calendar year</td>
</tr>
</tbody>
</table>

### Prescription Glasses and Frames
- $150 allowance for frames; every calendar year
- Employees may get glasses or contacts on this plan each year

### Prescription Lenses
- Single vision, lined bifocal and lined trifocal lenses
- Every calendar year
- Standard: $0
- Progressive: $95-$105
- Custom: $150-$175

### Lens Enhancements
- Progressive lenses: Standard, Premium, Custom
- Every calendar year
- Progressive: $95-$105
- Custom: $150-$175

### Contact Lenses
- $150 allowance, no copay; every calendar year
- Employees may get glasses or contacts on this plan each year

### Diabetic EyeCare Plus Program
- Diabetic eye disease, glaucoma and AMD
- Retinal screenings as needed
- $20

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**Note:** Employees may get glasses or contacts on this plan each year.
## VISION PLAN SERVICE (VSP)
### VISION CHOICE HIGH PLAN

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESCRIPTION GLASSES COPAY</td>
<td>$25</td>
</tr>
<tr>
<td>ANNUAL WELL VISION EXAM COPAY</td>
<td>$10</td>
</tr>
<tr>
<td>CONTACT LENSES COPAY</td>
<td>$0</td>
</tr>
</tbody>
</table>

### PRESCRIPTION GLASSES FRAMES
- $150 allowance for frames; every calendar year

### PRESCRIPTION LENSES
- Single vision, lined bifocal and lined trifocal lenses
- Every calendar year

### LENS ENHANCEMENTS
- Progressive lenses: Standard, Premium, Custom
- Progressive: $95-$105
- Custom: $150-$175
- Every calendar year

### CONTACT LENSES
- $150 allowance, no copay; every calendar year

### DIABETIC EYECARE PLUS PROGRAM
- Diabetic eye disease, glaucoma
- and AMD. Retinal screenings as needed
- $20

### SECOND PAIR OF GLASSES OR CONTACTS
SUBJECT TO SAME COPAYS AND RATES