

Vision Service Plan

4 or more employees

	Signature Plan				Value Plan					
	Access to <i>all</i> VSP Providers				Limited Access to VSP Providers*					
PROVIDER	VSP		Non-VSP		VSP		Non-VSP			
VISION EXAM	Covered in Full		Up to \$45		Covered in Full		Up to \$37			
LENSES & FRAMES										
Single Vision	Covered in Full		Up to \$45		Covered in Full		Up to \$34			
Lined Bifocals			Up to \$65				Up to \$51			
Lined Trifocals			Up to \$85				Up to \$68			
Frames	Up to \$120		Up to \$47		Up to \$100		Up to \$40			
CONTACTS (in lieu of all other lens and frame benefits)										
Medically Necessary	Up to 100% of allowed amount		Up to \$210		Up to 75% of allowed amount		Up to \$126			
Elective	Up to \$120		Up to \$105		Up to \$100		Up to \$100			
BENEFIT FREQUENCY	PLAN A		PLAN B		PLAN C		PLAN A		PLAN B	
Examination	Once every 12 months					Once every 12 months				
Lenses	Once every 24 months		Once every 12 months		Once every 12 months		Once every 24 months		Once every 12 months	
Frames	Once every 24 months		Once every 24 months		Once every 12 months		Once every 24 months		Once every 24 months	
PREMIUMS	PLAN A		PLAN B		PLAN C		PLAN A		PLAN B	
Deductible	\$10.00	\$25.00	\$10.00	\$25.00	\$10.00	\$25.00	\$10.00	\$25.00	\$10.00	\$25.00
Employee Only	\$9.89	\$7.79	\$12.06	\$9.53	\$15.08	\$11.91	\$7.91	\$6.24	\$9.65	\$7.62
Employee + 1 Dependent	\$14.55	\$11.60	\$17.76	\$14.18	\$22.19	\$17.73	\$11.64	\$9.28	\$14.21	\$11.34
Employee + Children	\$14.85	\$11.84	\$18.13	\$14.48	\$22.66	\$18.10	\$11.88	\$9.48	\$14.51	\$11.59
Family	\$23.94	\$19.10	\$29.23	\$23.34	\$36.52	\$29.17	\$19.15	\$15.28	\$23.38	\$18.67
MONTHLY ADMINISTRATION FEE	\$15.00					\$15.00				

Rates are guaranteed through December 2007.

PARTICIPATION RULES

The employer must choose one of the following participation options:

1. VSP participation and contribution matches employer-sponsored medical plan participation exactly **OR**
2. VSP participation and contribution matches employer-sponsored dental plan participation exactly **OR**
3. VSP participation is 100% employer paid and all eligible employees and all eligible dependents are enrolled **OR**
4. VSP participation is 100% employer paid and all eligible employees and no dependents are enrolled.

***The Value Plan network is approximately 30% smaller than the Signature Plan network.**

The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Either of these is available upon request. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.