VSP

http://www.choosevsp.com

2007

A Nationwide PPO Vision Plan.

VSP vision plan is available nationwide and overseas.

Enrollment Options for this Plan:

- **High Option – Self Only**
- **High Option – Self Plus One**
- **High Option – Self and Family**
- **Standard Option – Self Only**
- **Standard Option – Self Plus One**
- **Standard Option – Self and Family**

VSP receives award for Highest Customer Satisfaction in the Insurance Industry by Service Quality Measurement, Inc.

J.D. Power measured member satisfaction in overall satisfaction, coverage and benefits, customer service, doctor network and clinical service, cost, and eyewear purchase experience.

VSP uses credentialing to ensure that our over 23,000 network doctors provide the highest quality eyecare to their patients.

FEDVIP
Federal Employees
Dental And Vision Insurance Program

Authorized for distribution by the:

United States
Office of Personnel Management

Center for
Retirement and Insurance Services
http://www.opm.gov/insure

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of High Option and Standard Option with Vision Service Plan (VSP) under contract with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

VSP
3333 Quality Drive
Rancho Cordova, CA 95670
800-807-0764
choosevsp.com

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits.

If you are enrolled in this Plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits.

OPM negotiates rates with each carrier annually. Rates are shown at the end of this brochure.

This vision Plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.

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Program Highlights

A choice of plans and options	You can select from several national, and in some areas regional, dental Preferred Provider Organizations (PPO), and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit www.opm.gov/insure/dentalvision for more information.
Enroll through BENEFEDS	You enroll through the Internet at www.BENEFEDS.com. See page 6 for more information.
Coverage effective date	If you sign up for a dental and/or vision plan during the 2006 Open Season, your coverage will begin on December 31, 2006. Premium deductions will start with the first full pay period beginning on/after January 1, 2007. You can use your benefits as soon as your coverage becomes effective.
Pre-tax salary deduction for employees	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars.
Annual enrollment opportunity	Each year, an open season will be held, during which you can enroll or change your dental and/or vision plan enrollment. This year the Open Season runs from November 13, 2006 through December 11, 2006. You do not need to re-enroll each open season unless you wish to change plans or plan options. Your coverage will continue from the previous year. In addition to the annual open season, there are certain events that allow you to make specific types of enrollment changes throughout the year. See page 6 for more information.
Continued group coverage	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may be able to continue enrollment after your death. See page 5 for more information.
Waiting period	The only waiting period is for orthodontic services. To meet this requirement, the person receiving the services must be enrolled in the same plan for the entire waiting period.

Section 1 Eligibility

Federal employees

If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP if you are eligible for the Federal Employees Health Benefits (FEHB) Program. Enrollment in the FEHB Program is not required.

Federal annuitants

You are eligible to enroll if you:

- retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;
- retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.

You may continue your FEDVIP enrollment into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for the 5 years of service prior to retirement to continue coverage into retirement, as there is with the FEHB Program.

Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You can enroll in FEDVIP again when you begin to receive your annuity.

Survivor annuitants

If you are a survivor of a deceased Federal/ U.S. Postal Service employee or annuitant and you are receiving an annuity, you can enroll or continue the existing enrollment.

Compensationers

A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.

Family members

Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

FEDVIP rules and FEHB rules for family member eligibility are the same. For more information on family member eligibility, see the FEHB Handbook at www.opm.gov/insure/handbook or contact your employing agency or retirement system.

Not eligible

The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:

- Deferred annuitants;
- Former spouses of employees or annuitants;
- FEHB temporary continuation of coverage (TCC) enrollees.

Section 2 Enrollment

Enroll through BENEFEDS

You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website (www.BENEFEDS.com) sponsored by OPM where you enter your name, personal information such as your address and Social Security Number, the agency you work for (or retirement system that pays your annuity), and the dental/vision plan you select. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

Note: You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

Enrollment types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Note: A Self Plus One enrollment option does not exist under the FEHB Program.

Self and Family: A Self and Family enrollment covers you as the employed enrollee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Opportunities to enroll or change enrollment

Open season

If you are an eligible employee or an eligible annuitant, you can enroll in a dental and/or vision plan during the November 13 through December 11, 2006 Open Season. Coverage is effective December 31, 2006.

During future annual open seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these open season enrollments and changes will be set by OPM. If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.

New hire / Newly eligible

You can enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP;

or within 60 days of a return to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDS receives your enrollment.

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an open season.

The following chart lists the QLE's and the enrollment actions you may take.

Qualifying Life Event	**From Not Enrolledto Enrolled**	**INCREASE: Enrollment Type**	**DECREASE: Enrollment Type**	**Cancel**	**CHANGE: from one plan to another**
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Return to pay status from active military duty	Yes	No	No	No	No
Annuity/compensation restored	Yes	No	No	No	No

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area and
- You cannot request a new enrollment based on a QLE before the QLE occurs. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Canceling an enrollment

You can cancel your enrollment only during the annual open season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date.

When coverage stops

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or

- cancel the enrollment during open season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Under FEDVIP, there is no 31-day extension of coverage, temporary continuation of coverage, spouse equity coverage, or right to convert to an individual policy.

FSAFEDS/High Deductible Health Plans and FEDVIP

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA), you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the "Use-it-or-Lose-it" rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2007. See www.fsafeds.com or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you can use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans.

Section 3 How you get care

Identification cards / Enrollment confirmation

ID cards are not necessary to obtain services.

For members who prefer ID cards, sign on to vsp.com to print a personalized Member Reference Card. Keep this wallet-sized card as a convenient reminder on how to locate your VSP doctor and use your eyecare benefit.

Where you get covered care

You can get covered care from any VSP network doctor or out-of-network provider. However, if you use our network doctors, you will maximize your benefits and only be responsible for the co-payments due at the time of the visit.

- **Plan providers** — We list Plan providers in the provider directory, which we update periodically. The list is on our website at: <plan website>
- **In-network** — Make an appointment with a VSP network doctor and tell them you're a VSP member. Your doctor will confirm your eligibility with VSP. Your co-payment is due at the time of the visit.
- **Out-of-network** — VSP will partially reimburse services performed by out-of-network providers. However, since these providers do not have a contract with VSP, you will receive a lesser benefit. You must pay the bill at the time of service and submit the claim to VSP for partial reimbursement. Please contact VSP at 1-800-807-0764 prior to visiting an out-of-network provider.
- **Overseas** — VSP is a national vision plan and therefore does not have network doctors overseas. To obtain services, visit any international eyecare provider and pay the provider in full at the time of your appointment. Then, submit the claim and receipts to VSP for reimbursement based on the Overseas Out-of-Network schedule. The Overseas Out-of-Network schedule can be found on page 9.

Limited Access Area

If you live in an area that does not have adequate access to a VSP network doctor and you receive covered services from an out-of-network provider, we will reimburse you up to our plan allowance. You are responsible for any difference between the amount billed and our payment.

Coordination of benefits

If you have vision coverage through your FEHB plan and coverage under FEDVIP, your FEHB plan will be the first payor of any benefit payments. When you see a VSP network doctor, VSP is responsible for coordinating benefits with the primary payor, based on the information you provide when you enroll for VSP coverage.

We will also coordinate benefit payments with the payment of benefits under other group health benefits coverage you may have.

We ask that you identify your health insurance plan(s) initially when you sign up for VSP and then anytime you make a health insurance plan change.

Section 4 Your cost for covered services

This is what you will pay out-of-pocket for covered care:

Copayment

A copayment is a fixed amount of money you pay to the provider when you receive services.

In-network services

When you visit a VSP network doctor, your eye exam and glasses or contacts are covered after any copayments. You'll also receive 20% off any out-of-pocket costs over your frame allowance and lens extras.

- **High Option:** $10 total copay for eye exam and prescription glasses
- **Standard Option:** $10 copay for eye exam and $20 copay for prescription glasses

Out-of-network services

When you visit an out-of-network provider, you will be reimbursed according to the following schedule:

Eye exam

Lenses

Single vision..... ...Up to $45

Lined bifocal..... ..Up to $65

Lined trifocal..... ..Up to $85

Lenticular..... ....Up to $125

Frame..... Up to $47

Contact Lenses .....Up to $105

Overseas services

VSP is a national vision plan and therefore does not have network doctors overseas. To obtain services, visit any international eyecare provider and you'll be reimbursed 75% of billed charges up to this Overseas Out-of-Network schedule.

Eye exam..... Up to $65

Lenses

Single vision ..... Up to $55

Lined bifocal ..... Up to $75

Lined trifocal Up to $95

Lenticular..... Up to $125

Frame..... Up to $120

Contact Lenses .....Up to $105

Section 5 Vision services and supplies

Important things you should keep in mind about these benefits:

Please remember that all benefits are subject to the definitions, limitations and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted protocols.

Benefit Description	You Pay*	
Diagnostic	**High Option**	**Standard Option**
Eye Examination covered in full (once every 12 months) VSP network doctors provide a VSP WellVision exam, the most thorough eye exam available.	$10 High Option is a "total" copay, covering both the exam and prescription glasses	$10
Eyewear You can choose prescription glasses or contacts.	**High Option**	**Standard Option**
Lenses covered in full (per pair, every 12 months) Glass or plastic single vision, lined bifocal, lined trifocal lenses and popular lens options	Nothing The "total" copay covers both the exam and prescription glasses	$20
Lens Options (covered in addition to base lens)		
Polycarbonate lenses (shatter-resistant)	Nothing	Nothing
Scratch resistant coating	Nothing	Nothing
Anti-reflective coatings	Nothing	80% of Billed Charges (20% discount from VSP doctors)
UV protection	Nothing	80% of Billed Charges (20% discount from VSP doctors)
Lenses that transition to light	Nothing	80% of Billed Charges (20% discount from VSP doctors)
Contact Lenses	**High Option**	**Standard Option**
Contact Lens Care covered (every 12 months) When you choose contacts instead of glasses, your substantial allowance applies to the cost of the contacts and the contact lens exam (fitting and evaluation). No copay applies.	**Contact Lens Program: Nothing** Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. To qualify, you must currently wear lenses from a specific list of the industry's most popular brands of soft, spherical contact lenses. Visit **choosevsp.com** for details.	**Contact Lens Program: Nothing** Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. To qualify, you must currently wear lenses from a specific list of the industry's most popular brands of soft, spherical contact lenses. Visit **choosevsp.com** for details.

Contact Lenses - continued on next page

Benefit Description	You Pay*	
Contact Lenses (cont.)	**High Option**	**Standard Option**
	All Other Contact Lenses: $150 Allowance applies to the cost of the contacts and the contact lens exam (fitting and evaluation). No copay applies.	**All Other Contact Lenses: $120 Allowance** applies to the cost of the contacts and the contact lens exam (fitting and evaluation). No copay applies.

Extra Discounts and Savings

The following extra discounts and savings are only available from VSP network doctors.

Prescription Glasses

- 20% discount off all lens extras such as progressives
- 20% discount off additional prescription glasses and sunglasses when obtained from the same VSP doctor who performed a covered eye exam in the previous 12 months

Contact Lens Care

- 15% discount off the cost of contact lens exam (fitting and evaluation) when obtained from the same VSP doctor who performed a covered eye exam in the previous 12 months

Laser Vision Correction

- VSP has arranged for members to receive 15 to 20% discounts at contracted VSP laser centers. The most you will pay is $1,500 per eye for PRK, $1,800 per eye for LASIK and $2,300 per eye for Custom LASIK.

Low Vision Coverage

This benefit is available for patients having vision loss sufficient enough to prevent reading, moving around in unfamiliar surroundings and completing desired tasks. Patients with low vision have visual impairments not fully treatable by medical, surgical or conventional eyewear or contact lenses.

Your low vision coverage from a VSP network doctor provides:

- Low vision exams and low vision aids, up to a $1000 maximum, every two years
- Low vision benefits must be pre-authorized. If low vision supplemental testing is approved, it will be covered in full every two years. If low vision aids are approved, VSP will pay 75% of the approved amount up to a maximum of $1,000 (less any amount paid for supplemental testing) per covered individual every two years. The patient is responsible for the remaining 25% of the approved amount plus any amount over the maximum.

If you choose to go out of network, you must pay the provider at the time of your appointment and submit the claims for partial reimbursement. There is no guarantee of reimbursement. If your claim is approved, you will be reimbursed up to the amount we pay a VSP network doctor. For example, if you are charged $200 for the supplemental evaluation, your reimbursement amount would not exceed VSP's maximum payable of $125.

Section 6 General exclusions – things we don't cover

The following services and materials are not covered:

- Any vision service, treatment, or material not specifically listed as a covered service, treatment, or material
- Orthoptics or vision training and any associated supplemental testing
- Non-prescription lenses (i.e., when patient's refractive error is less than a +/- 0.50 diopter power)
- Two pairs of glasses in lieu of bifocals
- Expenses associated with securing materials such as lenses and frames other than as specified in this brochure
- Medical or surgical treatment of the eyes
- Replacement of lenses and frames furnished under this program, except at the normal intervals when services are available

Items not covered under the contact lens coverage include:

- Corneal Refractive Therapy (CRT) or Orthokeratology (a procedure using contact lenses to change the shape of the cornea in order to reduce myopia)
- Replacement of lost or damaged lenses
- Insurance policies or service agreements
- Non-prescription lenses (*i.e.,* when patient's refractive error is less than a +/- 0.50 diopter power)
- Artistically painted lenses
- Additional office visits associated with contact lens pathology
- Contact lens modification, polishing or cleaning

Section 7 The claims filing and disputed claims processes

How to file a claim for covered services

When you visit a VSP network doctor, you do not complete any paperwork or claim forms. VSP doctors verify your eligibility, plan coverage and obtain authorization from VSP.

If you decide not to see a VSP doctor, call us first at 800-807-0764. You are required to pay the provider in full at the time of your appointment and submit a claim for partial reimbursement.

Sign on to vsp.com and access our online Out-of-Network Reimbursement Form and follow the instructions. If you do not have Internet access, send an itemized receipt listing the services received along with the patient's name and covered member's name and ID number to VSP. Please keep a copy of the information and mail the originals to:

VSP, Attn: Out-of-Network Claims P.O. Box 997105 Sacramento, CA 95899-7105

Deadline for filing your claim

Out-of-network claims must be submitted to VSP within six months for reimbursement.

Disputed Claims Process

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

Step Description

1 Ask us to reconsider our initial decision. You must:

- Contact our Member Service Department at 800-807-0764 to request an appeal, or
- Submit the appeal of this decision in writing to VSP within 180 days from the date of the letter. Please include a copy of the claim, as well as any comments that you would like to have considered. Mail your appeal to:
- **VSP, Attn: Complaint & Grievance Unit** P.O. Box 997100 Sacramento, CA 95899

2 We have 30 days from the date we received your request to:

- Resolve the complaint and send the resolution to you.

3 If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must:

- Contact our Member Service Department at 800-807-0764 to request an appeal, or
- Submit the appeal of this decision in writing to VSP within 180 days from the date of the letter. Please include a copy of the claim, as well as any comments that you would like to have considered. Mail your appeal to:
- **VSP, Attn: Complaint & Grievance Unit** P.O. Box 997100 Sacramento, CA 95899

4 If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, to review the decision.

The decision of the independent third party is binding and is the final of your claim. This decision is not subject to judicial review.

To initiate this process, you must submit the appeal in writing to Lumetra, an independent review organization (IRO) who is fully accredited as an Independent Review Accreditation Committee (URAC) and send a copy to VSP at:

VSP, Attn: Complaint & Grievance Unit P.O. Box 997100 Sacramento, CA 95899

Lumetra, Independent Review Organization

One Sansome Street, Suite 900 San Francisco, CA 94104

Section 8 Definitions of terms we use in this brochure

Annuitants	Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
BENEFEDS	The enrollment and premium administration system for FEDVIP.
Benefits	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
Enrollee	The Federal employee or annuitant enrolled in this Plan.
FEDVIP	Federal Employees Dental and Vision Insurance Program.
Plan allowance	The amount we use to determine our payment for out-of-network services. We determine our plan allowance as follows:
We / Us	VSP.
You	Enrollee or eligible family member.

Stop health care fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your VSP Savings Statement, which is available online at vsp.com.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
- Call the provider and ask for an explanation. There may be an error.
- If the provider does not resolve the matter, call us at**the VSP Fraud Watch Hotline at 1-800-877-7236 or via e-mail at** contactSIU@VSP.com.

Summary of benefits for VSP- 2007

- **Do not rely on this chart alone.** On this page we summarize specific expenses we cover; for more detail, look inside.
- If you want to enroll or change your enrollment in this Plan, please visit www.BENEFEDS.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

High Option Benefits	In-network	Out-of-network	Page
Eye Exam – VSP WellVision Exam, the most thorough eye exam available	Covered in full, less $10 total copay for exam and glasses	Reimbursed up to $45 Overseas* up to $65	10
Prescription Eyewear – Choose glasses or contacts			
Lenses – Glass or plastic single vision, lined bifocal, lined trifocal lenses and popular lens options, including: • Polycarbonate lenses (shatter resistant) • Scratch resistant coating • Anti-reflective coating • Tints • UV protection Lenses that transition to light	Covered in full, less $10 total copay for exam and glasses	Reimbursed up to: Single vision $45 Lined bifocal $65 Lined trifocal $85 Lenticular $125 Overseas* up to: Single vision $55 Lined bifocal $75 Lined trifocal $95 Lenticular $125	10
Frame of your choice up to $150 allowance. All brand names and styles available from VSP doctors. Plus, 20% off any out-of-pocket costs over the frame allowance.	Covered up to $150	Reimbursed up to $47 Overseas* up to $120	
Contact Lens Care – When you choose contacts instead of glasses, your $150 allowance applies to the cost of the contacts and the contact lens exam (fitting and evaluation). Current contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses.	Covered up to $150 No copay applies	Reimbursed up to $105 Overseas* up to $105	
Extra Discounts and Savings *Prescription Glasses* • 20% discount off all lens extras such as progressives • 20% discount off additional prescription glasses and sunglasses from the same VSP doctor who provided your last eye exam in the last 12 months *Contact Lens Care*	Available	Not available	

High Option Benefits - continued on next page

High Option Benefits (cont.)	In-network	Out-of-network	Page
• 15% discount off the cost of contact lens exam (fitting and evaluation) *Laser Vision Correction* 15 to 20% discount from contracted VSP laser centers. Most you pay is $1,500 per eye for PRK, $1,800 per eye for LASIK and $2,300 per eye for Custom LASIK.	Available	Not available	
Low Vision Coverage • Low vision exams and low vision aids, every two years • Low vision benefits must be pre-authorized. If approved, covered every two years	Up to a $1000 maximum Supplemental testing covered in full every two years. Aids are covered 75% of approved amount up to $1,000 maximum, less supplemental testing. You are responsible for remaining 25% of the approved amount plus any amount over the maximum.	If you choose to go out of network, you must pay the provider at time of visit and submit claims to VSP for partial reimbursement. If your claim is approved, you will be reimbursed up to the maximum payable to a VSP network doctor.	12

**Overseas Out-of-Network is reimbursed 75% of billed charges up to scheduled amounts.*

2007 Rate Information for VSP

VSP is a national vision plan that does not require rating regions. The following are national rates.

Monthly Rates

	High Option	Standard Option
Self Only	**$11.70**	**$8.28**
Self Plus One	**$23.42**	**$16.58**
Self and Family	**$35.12**	**$24.85**

Bi-weekly Rates

	High Option	Standard Option
Self Only	**$5.40**	**$3.82**
Self Plus One	**$10.81**	**$7.65**
Self and Family	**$16.21**	**$11.47**