

## Vision Plan

		
<b>PLAN NAME</b>	<b>Plan B (12/12/24) \$20/\$20 Copay</b>	
Group Number:	000000000	
Effective Date:	12/01/2016 – 11/30/2017	
Website:	<a href="http://www.vsp.com">www.vsp.com</a>	
	<u>In-Network</u>	<u>Out-Network</u>
<b>EYE EXAM</b>		
	\$20	Up to \$50
<b>LENSES BY TYPE</b>		
Material	\$20	Varies
Frame Allowance	\$130	Up to \$70
Contacts Allowance (Instead of Glasses)	\$130	Up to \$105
<b>FREQUENCY</b>		
Eye Exam/Lenses/Frames	Every 12/12/24 months	Every 12/12/24 months