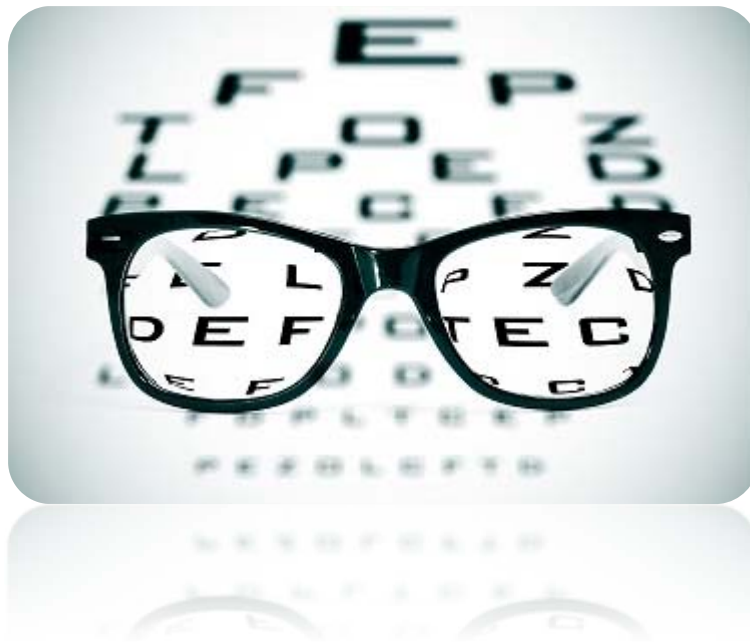




**VSP
Vision – NO CHANGES**

	In-Network	Out-of-Network
Eye Exam (once every 12 months)	\$10 Copay	Reimburses member up to \$45
Lenses (one pair every calendar year)	Covered at 100% Covered at 100% Covered at 100%	Member reimbursed up to: \$30 for Single Vision \$50 for Bifocal \$65 for Trifocal
Frames (one pair every 24 months)	Covered up to \$130 20% savings on the amount over your allowance \$70 Costco frame allowance	Reimburses member up to \$70
Contact Lenses (once every 12 months - instead of glasses)	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Reimburses member up to \$105



This booklet is intended to provide an overview of the benefits plans offered.. All specific plan provisions are described in the legal documents governing the plans. If there are any discrepancies between this booklet and the plan's legal documents, the legal documents will govern.