

BENEFIT COMPARISON New VISION SERVICE PLAN BENEFITS available 1/1/08

	VLCT STANDARD PACKAGED VISION PLAN***	VLCT STANDARD VOLUNTARY VISION PLAN	VLCT ENHANCED VOLUNTARY VISION PLAN
MONTHLY PREMIUMS*	single – \$6.58 2-person – \$13.17 family – \$21.20	single – \$7.47 2-person – \$14.93 family – \$24.06	single – \$10.10 2-person – \$20.20 family – \$32.52
<i>On-line provider directory is available at www.vsp.com</i>	In-Network Provider Benefits	In-Network Provider Benefits	In-Network Provider Benefits
EXAMINATION	Covered in Full after \$10 copay	Covered in Full after \$10 copay	Covered in Full after \$10 copay
MATERIALS COPAY	\$20 - one copay applies to lenses and frame	\$20 - one copay applies to lenses and frame	\$20 - one copay applies to lenses and frame
LENSES	Single Vision – Covered in Full Bifocal – Covered in Full Trifocal – Covered in Full Elective Contact Lenses** - \$130.00	Single Vision – Covered in Full Bifocal – Covered in Full Trifocal – Covered in Full Elective Contact Lenses** - \$130.00	Single Vision – Covered in Full Bifocal – Covered in Full Trifocal – Covered in Full Elective Contact Lenses** - \$130.00
FRAME	\$130.00 Retail after copay	\$130.00 Retail after copay	\$140.00 Retail after copay
PLAN FREQUENCIES	EXAMINATION – 12 Months LENSES – 12 Months FRAMES – 24 Months	EXAMINATION – 12 Months LENSES – 12 Months FRAMES – 24 Months	EXAMINATION – 12 Months LENSES – 12 Months FRAMES – 12 Months
	Out of Network Provider Benefits	Out of Network Provider Benefits	Out of Network Provider Benefits
EXAMINATION	\$35.00	\$35.00	\$35.00
LENSES	Single Vision – \$25.00 Bifocal – \$40.00 Trifocal – \$55.00 Elective Contact Lenses** - \$105.00	Single Vision – \$25.00 Bifocal – \$40.00 Trifocal – \$55.00 Elective Contact Lenses** - \$105.00	Single Vision – \$25.00 Bifocal – \$40.00 Trifocal – \$55.00 Elective Contact Lenses** - \$105.00
FRAME	\$45.00	\$45.00	\$45.00
	Includes Coverage for Polycarbonate Lenses and Antireflective Coating	Includes Coverage for Polycarbonate Lenses and Antireflective Coating	Includes Coverage for Progressives & Blended Bifocals , Polycarbonate Lenses and Antireflective Coating

*These rates are guaranteed until January 1, 2010

**Contact lenses are in lieu of spectacle lenses and frame.

***These rates assume the vision benefit to be offered in combination with the medical plan offering.