

Wyoming Educators' Benefit Trust and VSP provide you with an affordable eyecare plan. Sign up for VSP today.

VSP Coverage EffectiveJuly 1, 2008

Your Coverage from a VSP Doctor

Exam covered in full.....every 12 months

Prescription Glasses

Lenses covered in fullevery 12 months

- Single vision, lined bifocal, and lined trifocal lenses.
- Polycarbonate lenses for dependent children.

Frameevery 24 months

- Frame of your choice covered up to \$ 120.00.
- Plus, 20% off any out-of-pocket costs.

~OR~

Contact Lens Careevery 12 months

When you choose contacts instead of glasses, your \$120.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.

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. Learn more from your doctor or vsp.com.

Advantages of Coverage

Without coverage, an exam and prescription glasses can cost \$300 or more. With VSP coverage, you'll save. Plus, with pre-tax payroll deductions, you'll be budgeting for your eyecare while reducing your taxable income.

Your Copays

Exam	\$10
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.00	

Prescription Glasses	\$25.00
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Contacts	No copay applies
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Extra Discounts and Savings

Glasses and Sunglasses

- Average 30% savings on lens options such as scratch resistant and anti-reflective coatings and progressives
- 20% off additional glasses and sunglasses, including lens options*

Contacts*

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price from contracted facilities
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

* Available from any VSP doctor within 12 months of your last eye exam

Your Contribution

Employee

Only.....	\$7.21
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Employee + One Dependent	\$10.16
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Employee + Family	\$18.21
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Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay

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more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800-877-7195.

Out-of-Network Reimbursement Amounts:

Exam

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Up to \$35

Lenses:

Single

Vision..... Up to \$25

Lined Bifocal

..... Up to \$40

Lined Trifocal

..... Up to \$55

Frame

.....
Up to \$45

Contacts

..... Up to \$105

VSP guarantees service from VSP network doctors only.

In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

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