



# Vision Plan



---

## The Vision Plan

The Vision Plan is a self-funded plan administered by Vision Service Plan (VSP). VSP administers and manages the network of vision service providers. Your out-of-pocket costs will be higher if you use an out-of-network provider.

### Your Vision Benefits

When you need vision care, you can go to a VSP network provider or an out-of-network provider. Network providers will file your claim with VSP. A list of VSP in-network providers is available as noted below:

Website: [www.vsp.com](http://www.vsp.com)  
Customer Service: 1-800-877-7195

Mail your claim to VSP at the address below for out-of-network providers:

Vision Service Plan  
Attention: Claims Services  
P. O. Box 385018  
Birmingham, AL 35238-5018

---

### Exclusion for Surgery or Disease

The Vision Plan does not cover eye surgery or diseases of the eye. Generally, these conditions may be covered under the medical plan. If you have questions about available vision care benefits not listed in your applicable Vision Plan Summary, please contact VSP.

### VSP Vision Features:

- No claim forms (in-network)
- No ID cards (your provider will use your social security number to verify benefits)
- Access to large national network

## Summary of Benefits: Basic Vision Plan

Atomic Trades and Labor Council (ATLC); International Guards Union of America (IGUA) Central Alarm Station Operators, Central Training Facility Instructors, and Beta 9 Operators; Metal Trades Council (MTC); Pantex Guards Union (PGU); Pantex and Y-12 Non-Bargaining; United Steel Workers (USW); and Y-12 Fire Captains and Lieutenants (FCLT)

| Services Covered   | In-Network  | Out-of-Network  |
|--|---|---|
| Exam – once every calendar year  | Covered in full   | Exam – up to \$45   |
| Lenses – once every calendar year <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul> | Covered in full   | Single Vision – up to \$45<br>Bifocals – up to \$65<br>Trifocals – up to \$85<br>Lenticular – up to \$105 |
| Frames – once every other calendar year  | Covered up to \$150 maximum, 20% discount for amount exceeding \$150 or \$80 allowance at Costco Optical  | Frames – up to \$50   |
| Contact Lens – once every calendar year (instead of glasses)   | Medically necessary lenses: covered in full<br><br>Elective lenses: \$130 maximum allowance for contacts and contact lens exam (fitting and evaluation)<br><br>15% off contact lens exams   | Elective Contacts – up to \$105   |
| Lens Enhancements – once every calendar year   | \$55 Standard Progressive<br>\$95–\$105 Premium Progressive<br>\$150–\$175 Custom Progressive<br><br>Average savings of 20–25% on other lens enhancements   | Progressive lenses – up to \$65   |
| Additional Discounts   | 20% discount on additional prescription glasses and sunglasses at any VSP provider within 12 months of your last exam<br><br>Laser Vision Correction – average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | Not Available   |

# Summary of Benefits: Alternative Vision Plan

## Pantex Guards Union (PGU)

| Services Covered  | In-Network  | Out-of-Network  |
|---|---|---|
| Exam – once every calendar year   | Covered in full   | Exam – up to \$45   |
| <b>Lenses – once every calendar year</b> <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul> | Covered in full   | Single Vision – up to \$45<br>Bifocals – up to \$65<br>Trifocals – up to \$85<br>Lenticular – up to \$125 |
| Frames – once every other calendar year   | \$150 allowance<br>20% discount for amount exceeding \$150 or \$80 allowance at Costco Optical  | Frames – up to \$47   |
| <b>Contact Lens – once every calendar year (instead of glasses)</b>   | Medically necessary lenses: covered in full<br><br>Elective lenses: \$175 maximum allowance for contacts and contact lens exam (fitting and evaluation)<br><br>15% off contact lens exams   | Elective Contacts – up to \$105   |
| <b>Lens Enhancements – once every calendar year</b>   | \$55 Standard Progressive<br>\$95–\$105 Premium Progressive<br>\$150–\$175 Custom Progressive<br><br>Photochromic and tinted lenses covered in full   | Progressive lenses – up to \$65<br><br>Photochromic and tinted lenses – up to \$5                         |
| <b>Additional Discounts</b>   | 20% discount on additional prescription glasses and sunglasses at any VSP provider within 12 months of your last exam<br><br>Laser Vision Correction – average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | Not Available   |

# Summary of Benefits: Basic Vision Plan

## International Guards Union of America (IGUA) Security Police Officers

| Services Covered  | In-Network  | Out-of-Network   |
|---|---|--|
| Exam – once every calendar year   | Covered in full   | Exam – up to \$45  |
| Lenses – once every calendar year <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> <li>• Polycarbonate lenses for dependent children</li> </ul> | Covered in full   | Single Vision – up to \$30<br>Bifocals – up to \$50<br>Trifocals – up to \$65<br>Lenticular – up to \$100<br>Not Covered |
| Frames – once every other calendar year<br><br>Frames for dependent children up to 19 years old – once every calendar year  | Covered up to \$110 maximum, 20% discount for amount exceeding \$110 or \$60 allowance at Costco Optical<br><br>Fully covered when you choose from VSP exclusive Otis & Piper Eyewear Collection; 20% savings on other frame brands   | Frames – up to \$70  |
| Contact Lens – once every calendar year (instead of glasses)<br><br>Contact Lens for dependent children up to 19 years old – once every calendar year   | Medically necessary lenses: covered in full<br><br>Elective lenses: \$100 allowance for contacts and contact lens exam (fitting and evaluation)<br><br>15% off contact lens exam<br><br>Fully covered contact lens exam and minimum 3-month supply of contacts                | Elective Contacts – up to \$100  |
| Lens Enhancements – once every calendar year  | Average savings of 20–25% on other lens enhancements  | Not Covered  |
| Additional Discounts  | 20% discount on additional prescription glasses and sunglasses at any VSP provider within 12 months of your last exam<br><br>Laser Vision Correction – average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | Not Available  |
| <b>DEPENDENT CHILDREN: If your dependent child up to age 19 years old sees a provider other than a VSP network provider, you pay 50% of the provider's billed amount.</b>   |   |  |