

## CEBT VISION BENEFITS SUMMARY

COVERAGE	VISION B
<b>Carrier   Network</b>	VSP
<b>Benefit Frequency</b>	Exam and Lenses eligible every 12 months Frames eligible every 24 months  20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam.  Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.
<b>Routine Exam</b>	\$15 Copay
<b>Lenses, per pair</b>	
<b>Single</b>	\$15 Copay
<b>Bifocal</b>	\$15 Copay
<b>Trifocal</b>	\$15 Copay
<b>Lenticular</b>	\$15 Copay
<b>Frames</b>	\$160 Allowance
<b>Contacts</b>	\$160 Allowance

<b>EXTRA SAVINGS</b>  (for Vision Plan B and Vision Plan C)	<b>Glasses and Sunglasses</b>
	Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.
	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
	<b>Routine Retinal Screening</b>
	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	<b>Laser Vision Correction</b>
	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

**Exclusions:** Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen or broken lenses and/or frames, services and supplies for which you or your dependent are not required to pay, services and supplies not listed.

An employer must have at least 25% of the eligible employees enrolled in the plan in order to offer coverage.

This is only intended to highlight some of the pertinent provisions of the Group Plan; such Plan will control in all instances.

