



SUMMARY OF VISION BENEFITS 2010-11 PLAN YEAR

Plan Option	Vision Plan 1	Vision Plan 2	Vision Plan 3	Vision Plan 4	Vision Plan 5	Vision Plan 5
Carrier	ODS	ODS	ODS	ODS	ODS	Kaiser
Plan Year Maximum	\$250*	\$350*	\$450*	\$600*	See allowances	See allowances
Routine Eye Exam	\$10 copay	100%	100%	100%	100% up to \$64.50	100% up to \$64.50 after \$5 office visit copay
Exam Frequency	Once per plan year	Once per plan year	Once per plan year	Once per plan year	Once per plan year	Once every 12 months
Lenses	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts
Single Vision	100%	100%	100%	100%	100% up to \$58.50	100% up to \$58.50
Bifocal	100%	100%	100%	100%	100% up to \$86.00	100% up to \$86.00
Lenticular	100%	100%	100%	100%	100% up to \$86.00	100% up to \$86.00
Trifocal	100%	100%	100%	100%	100% up to \$109.00	100% up to \$109.00
Contact Lenses	100%	100%	100%	100%	100% up to \$192.50	100% up to \$192.50
Lens Frequency	Once per plan year	Once per plan year	Once per plan year	Once per plan year	Once per plan year	Once every 12 months
Frames	100%	100%	100%	100%	100% up to \$75.00	100% up to \$75.00
Frame Frequency	Child: once per plan year	Child: once per plan year	Child: once per plan year	Child: once per plan year	Child: once per plan year	Child: once every 12 months
	Adult: once every two plan years	Adult: once every two plan years	Adult: once every two plan years	Adult: once every two plan years	Adult: once every two plan years	Adult: once every 24 months

* Exam and hardware charges all apply to the plan year maximum on ODS Plans 1 - 4