

VISION PLAN

HOW THE PLAN WORKS

Vision Service Plan (VSP) administers our vision plan and includes an extensive network of doctors. The plan is designed to promote healthy vision by helping you pay for vision care expenses, including lenses, frames and contact lenses. You and your family members are automatically enrolled in the VSP Plan when you and your family enroll in a District medical plan.

When you need vision care or services, you may use VSP providers and receive the highest benefits available, or you may use non-VSP providers. If you use non-VSP providers, your benefits will be reduced.

Please refer to the chart below for benefits highlights, call VSP at (800) 877-7195, or the VDT brochure for more information. You can also access VSP's website at: www.vsp.com.

Benefits	VSP Vision Care Benefits
Anti-reflective Coating	Cover at 100%
Contacts	Covered at 100% if medically necessary ⁽¹⁾⁽²⁾ Covered up to \$150 if elective
Examinations	Covered at 100%, limited to one every 12 months
Frames	Covered up to plan limit every 24 months when authorized (see VSP brochure for limitations)
Lenses	Basic Lenses covered at 100% every 12 months when authorized (see VSP brochure for limitations)
Tints	Pink #1 and Pink #2
Ultraviolet Coating	Not covered
Laser Vision Corrections	Discounts averaging 20-25% are available through contracted laser centers
Choice of Doctor	Any VSP doctor; see reimbursement schedule ⁽¹⁾ for non-VSP doctors
Deductible/Copay	\$10 copayment per visit
Lifetime Maximum	None

(1) Non-VSP provider reimbursement schedule:

-Eye exam \$40	-Contacts \$210 if medically necessary	-Lenses (single) \$40	-Lenses (trifocal) \$80
-Frame \$45	-Contacts \$105 if elective	-Lenses (bifocal) \$60	-Lenses (lenticular) \$125

(2) In lieu of all other benefits