

**CEBT  
PLAN B VISION SERVICE PLAN (VSP)  
(EFFECTIVE JULY 1, 2016)**

<u>MEMBER DOCTOR BENEFITS</u>	12/12/24	
	<u>UP TO</u>	
Exam Co-pay	\$ 15.00	Once every 12 months
Material Co-pay	\$ 15.00	Once every 12 months
Corrective Contact Lenses Allowance	\$ 130.00	Once every 12 months
Frame Allowance (retail)	\$ 130.00	Once every 24 months

- When contact lenses are obtained, the Covered Person shall not be eligible for lenses and frames again for 12 months.

NON-MEMBER DOCTOR BENEFITS

Exam	\$ 35.00
Single Lens	\$ 25.00
Bifocal Lens	\$ 40.00
Trifocal Lens	\$ 55.00
Elective Contact Lenses	\$ 120.00
Frame	\$ 45.00

ASSUMPTIONS

1. An employee or dependent may only enroll or drop coverage during the next open enrollment period.
2. An employer must have at least 25% of the eligible employees enrolled in the plan in order to have the coverage offered.

**ENROLLMENT RESTRICTIONS** – If any employee or dependent drops coverage, he or she must wait at least 2 open enrollment periods to enroll or re-enroll.

**This summary of benefits is a matter of information only. In all cases the plan document will determine the benefits.**

07/01/2016

To find a VSP Doctor, go to [www.vsp.com](http://www.vsp.com) and put your zip code in the Find VSP Doctor search.