

JPS Vision Plan Summary

Plan Year: 2011

Vendor: VSP (Vision Service Plan)

VSP Customer Service: 1-800-877-7195

VSP Web Site Address: www.vsp.com

ID Cards

An ID card is not necessary to obtain services from a VSP Preferred Provider. The provider may verify your coverage by calling the toll-free number above and using the last four digits of your social security number and your date of birth. After you have enrolled in a VSP plan, you may register on www.vsp.com as a member by assigning yourself a user id and password for their web site. Once logged in, click on My Benefits, and then under the Benefit Resources menu select Member Reference Card and there you may print your own membership ID card to carry with you.

Participating Providers

A participating provider is a vision care provider that participates in the provider network for a particular vision plan. You may obtain the providers in each of the provider networks online at www.vsp.com or by calling 1-800-877-7195 and you may check these network listings prior to enrolling in your vision benefit. The vision plans that JPS offers are listed below with their corresponding network.

Signature Plus	VSP Network
Signature	VSP Network
Choice	Choice Network
Access	VSP Network

Vision Coverage

The vision plan coverage is different with each VSP plan. Be sure to check the VSP Vision Plan Summary Comparison to compare the offerings of each plan prior to enrolling. If you decline/waive vision coverage in the Signature Plus, Signature, and Choice plans, you are automatically enrolled in the Access plan, without any action needed on your part. The Access plan is free to all employees and their eligible dependents. Your eligible dependents may only enroll in the same Vision Plan that you have selected for yourself.

Claims

To receive reimbursement for vision services obtained from a non-network provider, you will need to:

- Visit www.vsp.com to complete and print your claim form. The claims department address is included on this form, or if you do not have internet access
- Call VSP at 1-800-877-7195 to request a claim form and one will be mailed to you.



JPS Health Network Vision Plan Comparison Summary January 1, 2011

Plan Features	Signature Plus Plan w/Second Pair VSP Network	Signature Plan VSP Network	Choice Plan Choice Network	Access Plan (enrollment not needed) VSP Network Cannot be used with other VSP plans
Exam – Frequency	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Exam – Copay	\$10	\$10	\$10	20% Discount of Exam Cost – no copay
Lenses – Frequency	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Lenses – Copay	Covered in full less copay: 1st pair glasses - \$25 / 2nd pair - \$25	\$25	\$25	20% off VSP dr. U&C for additional complete pairs of prescription glasses
Lenses Coverage / Type	Covered in full (less copay) Glass or plastic, sv or mf	Covered in full (less copay) Glass or plastic, sv or mf	Covered in full (less copay) Glass or plastic, sv or mf	20% off VSP dr. U&C for additional complete pairs of prescription glasses
Lenses – Elective Contact Lenses	First Pair: \$130 allowance Second Pair: \$130 allowance	\$130 allowance	\$130 allowance	15% off VSP dr. professional services for contact lenses.
Lens Options	All cost controlled (price capped) and averaging a 35-40% savings off U&C Polycarbonate for children covered	All cost controlled and averaging a 35-40% savings off U&C Polycarbonate for children covered	Most popular lenses cost controlled and averaging 20-25%. All others are 20% Discount off U&C Polycarbonate for children covered	20% Discount
Frames - Frequency	Once every 12 months	Once every 24 months or 12 months after contact lenses	Once every 24 months or 12 months after contact lenses	Once every 12 months
Frames - Copay	1 st pair glasses - \$25 / 2 nd pair - \$25	\$25	\$25	N/A
Frames Allowance / Discount	\$130 allowance on 1 st and 2 nd pair 20% discount on overage	\$130 allowance 20% discount on overage	\$130 allowance 20% discount on overage	20% off VSP dr. U&C for additional complete pairs of prescription glasses
Additional Discounts	* 15% off (average) laser vision correction. * 15% off VSP Preferred Provider professional services for contact lenses. * 30% off additional glasses and sunglasses, including lens options, from the same VSP Preferred Provider on the same day as your WellVision Exam. Or get 20% off from any VSP Preferred Provider within 12 months of your last WellVision Exam	* 15% off (average) laser vision correction. * 15% off VSP Preferred Provider professional services for contact lenses. * 30% off additional glasses and sunglasses, including lens options, from the same VSP Preferred Provider on the same day as your WellVision Exam. Or get 20% off from any VSP Preferred Provider within 12 months of your last WellVision Exam	* 15% off (average) laser vision correction. * 15% off VSP Preferred Provider. professional services for contact lenses. * 20% off additional glasses and sunglasses, including lens options, from any VSP Preferred Provider within 12 months of your last WellVision Exam	* 15% off (average) laser vision correction. * 15% off VSP Preferred Provider's professional services for contact lenses. * 20% off additional glasses and sunglasses, including lens options, from any VSP Preferred Provider within 12 months of your last WellVision Exam
Open Access Reimbursement	Exam \$45 Single Vision \$45 Bifocals \$65 Trifocals \$85 Frame \$47 Elective Contacts \$105	Exam \$45 Single Vision \$45 Bifocals \$65 Trifocals \$85 Frame \$47 Elective Contacts \$105	Exam \$43 Single Vision \$30 Bifocals \$45 Trifocals \$62 Frame \$40 Elective Contacts \$100	Not Applicable Must use VSP doctor in order to receive discounts.
2011 Rates	Employee Semi - Monthly Cost	Employee Semi - Monthly Cost	Employee Semi - Monthly Cost	Employee Semi - Monthly Cost
	Employee Only \$ 7.31 Employee+ Spouse \$11.41 Employee + Child(ren) \$11.65 Employee + Family \$18.78	Employee Only \$ 4.40 Employee+ Spouse \$ 6.87 Employee + Child(ren) \$ 7.02 Employee + Family \$11.30	Employee Only \$ 2.50 Employee+ Spouse \$ 3.90 Employee + Child(ren) \$ 3.99 Employee + Family \$ 6.42	Employee Only \$0 Employee+ Spouse \$0 Employee + Child(ren) \$0 Employee + Family \$0

VSP has two provider networks. When selecting the **Access Plan**, **Signature Plan** or **Signature Plus** with Second Pair Plan, the **VSP Network** applies. If selecting the **Choice Plan** the **CHOICE Network** applies. Please contact customer service at 1-800-877-7195 when selecting a doctor to insure your doctor is participating in the appropriate network.