

**HSTA VEBA TRUST
VSP - VISION PLAN
FOR ACTIVES**

(Please refer to the plan document for a complete description of the benefits)

PLAN BENEFITS	VSP NETWORK MEMBER COPAYMENT	OUT OF NETWORK MEMBER COPAYMENT
Eye Exam – One per 12 months	\$10.00 Copayment	Charges exceeding \$45.00
Single Vision Lenses – once per 12 months	\$25.00 Copayment	Charges exceeding \$45.00
Bifocal Lenses – once per 12 months	\$25.00 Copayment	Charges exceeding \$65.00
Trifocal Lenses – once per 12 months	\$25.00 Copayment	Charges exceeding \$85.00
Frame Only – one per 24 months	Charges exceeding \$120.00	Charges exceeding \$47.00
Contact Lenses – once per 12 months (in lieu of glasses)	Charges exceeding \$120.00	Charges exceeding \$105.00

For information or assistance, please call VSP at: 1 800- 877-7195

Visit their website at: www.vsp.com