

Voluntary Plans

- If you choose a frame valued at more than the \$160 plan allowance, you'll save 20% on your out-of-pocket costs for frames.
- Once you enroll in this plan, you and any dependents you cover must remain in the plan for the entire year unless you have a qualifying change in family status.

Following is a brief summary of this plan:

Voluntary Vision Insurance Plan

	VSP Provider	Non-VSP Provider
Copayment for: Exam Materials	\$10.00 \$25.00	\$10.00 \$25.00
Frequency of Service: Vision Exam Lenses Frames Contact Lenses*	Once every 12 Months Once every 12 Months Once every 24 Months Once every 12 Months	Once every 12 Months Once every 12 Months Once every 24 Months Once every 12 Months
Coverage		
Vision Exam	Covered in full after copayment	VSP covers up to \$35.00
Basic Lenses* Single Vision Bifocal Trifocal Progressives/Blended Bifocal	Covered in full after copayment Covered in full after copayment Covered in full after copayment Covered in full after copayment	VSP covers up to \$25.00 VSP covers up to \$40.00 VSP covers up to \$55.00 Not Covered
Frames	Up to \$160 retail cost covered in full after copayment	VSP covers up to \$45.00
Prescription Contact Lenses (in lieu of lens and frame)	Up to \$150.00 allowance**	VSP covers up to \$105.00**

*A member can choose elective contact lenses instead of spectacle lenses and a frame.

**Allowance to assist with doctor's professional fees including fitting, evaluation and materials.

Access Discount Plan

For those employees who choose not to enroll in the voluntary VSP plan, CBIZ will provide you and your eligible dependents with a discount plan through VSP at no cost to you. This plan provides a discount of 15-20% on eye exams, contact lens exams and prescription eyewear (lenses, frames and contact lenses) obtained from a participating VSP provider. You will be automatically enrolled in this plan as long as you do not enroll in the CBIZ voluntary VSP plan that is described above.