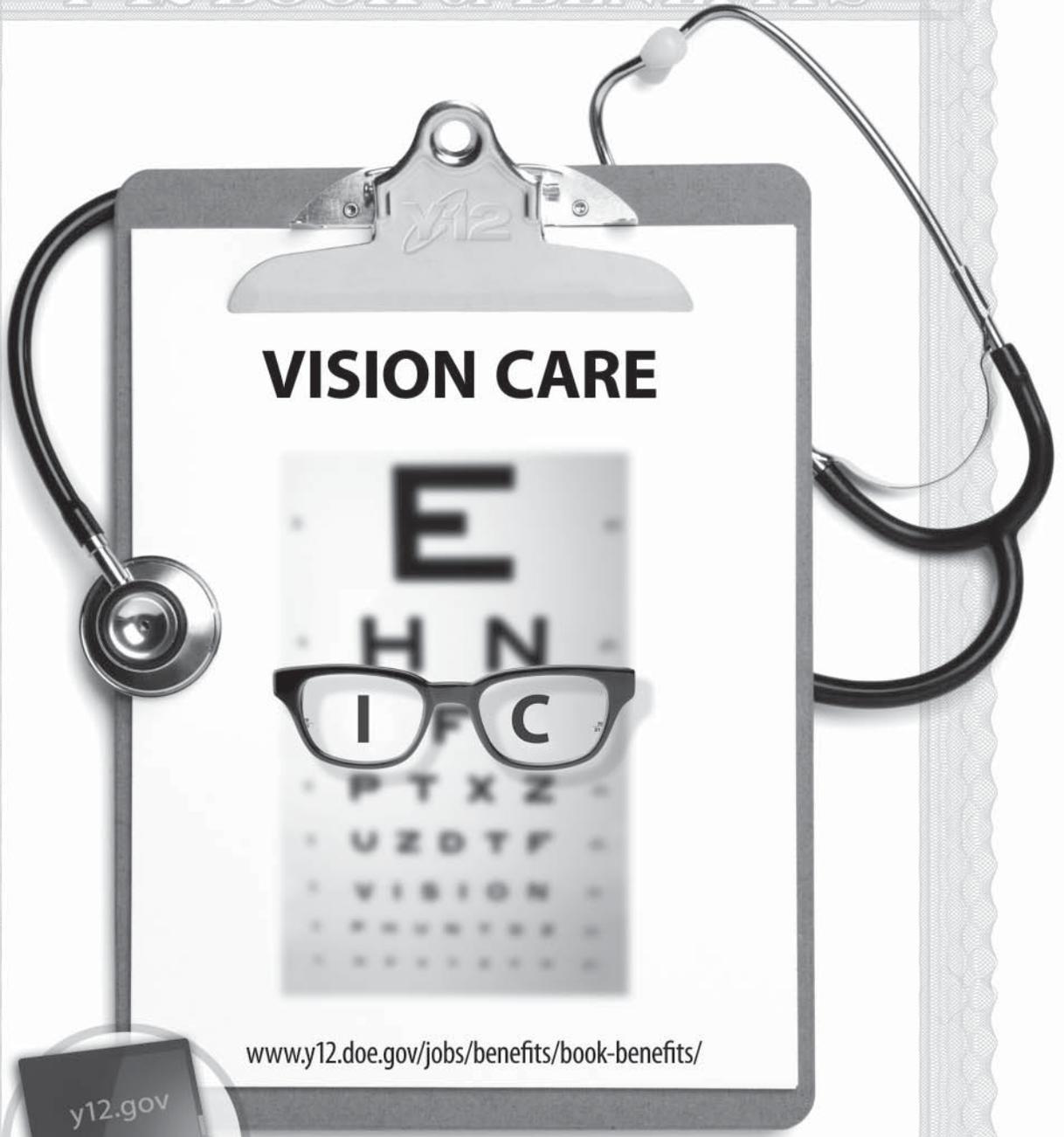


Y-12 BOOK OF BENEFITS



[www.y12.doe.gov/jobs/benefits/book-benefits/](http://www.y12.doe.gov/jobs/benefits/book-benefits/)



YOUR BOOK OF BENEFITS—ACTIVE EMPLOYEES

Y-12 BOOK OF BENEFITS



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## The Vision Plan

You are automatically enrolled in the Vision Plan when you enroll for medical coverage. Vision benefits are the same when enrolled in either medical plan: Point-of-Service, Open Access, or Indemnity.

The self-funded vision plan is administered by Vision Service Plan (VSP). VSP also administers and manages the network of vision service providers. Your out-of-pocket costs will be higher if you use an out-of-network provider.

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## Your Vision Benefits

When you need vision care, you can go to a VSP network provider or a non-network provider. Network providers will file your claim with VSP. You will have to mail your claim to VSP at the address below for out-of-network providers. A list of VSP network providers is available as noted below:

Web: [www.vsp.com](http://www.vsp.com)

Customer Service: 1-800-877-7195

To file a claim:

Mail: Vision Service Plan  
Out-of-Network Provider Claims  
P. O. Box 997100  
Sacramento, CA 95899-7100

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## Exclusion for Surgery or Disease

The vision plan does not cover eye surgery or diseases of the eye. Generally, these conditions are under the medical plan. If you have questions about available vision care benefits not listed in this Vision Plan summary, contact VSP at:

VSP Customer Service: 1-800-877-7195

### VSP Vision Features:

- No claim forms (in-network)
- No ID cards
- Access to large national network

## Summary of Benefits: Vision Plan

Services Covered	In-Network	Out-Of-Network
Exam every 12 months	Covered in full	Exam \$29.75
Lenses every 12 months:		
• Single vision	Covered in full	Single Vision \$21.25
• Bifocal	Covered in full	Bifocals \$34.00
• Trifocal	Covered in full	Trifocals \$46.75
Polycarbonate for dependent children	Covered in full	
Frames every 24 months	Covered up to \$120 Plus, 20% off amount exceeding \$120	Frame \$38.25
OR		
Contact Lens every 12 months	Covered up to \$120, allowance applies to the cost of contacts and contact lens exam  Plus, 15% off cost of contact lens exam  OR  Eligible members may take advantage of VSP Contact Lens Care program, in which Contact Lens Exam and up to 4 boxes (6 mo. supply) are covered in full	Elective Contacts \$105
Lens Options	20% discount on lens enhancements and upgrades	
Additional Discounts	20% discount on additional prescription glasses and sunglasses  Laser vision correction services are provided at a reduced cost through VSP network doctors and contracted laser surgery centers	