



Vision Plan

Y-12

Non-Bargaining

Atomic Trades and Labor Council (ATLC)

International Guards Union of America (IGUA) Central Alarm Station Operators, and Beta 9 Operators

International Guards Union of America (IGUA) Y-12 Security Police Officers

Y-12 Fire Captains and Lieutenants (FCLT)

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The Vision Plan

The Vision Plan is a self-funded plan administered by Vision Service Plan (VSP). VSP 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.

Your Vision Benefits

When you need vision care, you can go to a VSP network provider or an out-of-network provider. Network providers will file your claim with VSP. A list of VSP in-network providers is available as noted below:

Website: www.vsp.com
Customer Service: 1-800-877-7195

Mail your claim to VSP at the address below for out-of-network providers:

Vision Service Plan
Attention: Claims Services
P. O. Box 385018
Birmingham, AL 35238-5018

Exclusion for Surgery or Disease

The Vision Plan does not cover eye surgery or diseases of the eye. Generally, these conditions may be covered under the medical plan. If you have questions about available vision care benefits not listed in your applicable Vision Plan Summary, please contact VSP.

VSP Vision Features:

- No claim forms (in-network)
- No ID cards (Your provider will use your Social Security number to verify benefits)
- Access to large national network

Summary of Benefits: Basic Vision Plan

Atomic Trades and Labor Council (ATLC); International Guards Union of America (IGUA) Central Alarm Station Operators, and Beta 9 Operators; Non-Bargaining; Y-12 Fire Captains and Lieutenants (FCLT); and International Guards Union of America (IGUA) Y-12 Security Police Officers

Services Covered	In-Network	Out-of-Network
Exam – Once every calendar year	Covered in full	Exam – Up to \$45
Lenses – Once every calendar year <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Lenticular 	Covered in full	Single vision – Up to \$45 Bifocals – Up to \$65 Trifocals – Up to \$85 Lenticular – Up to \$105
Frames – Once every other calendar year	Covered up to \$150 maximum, 20% discount for amount exceeding \$150 or \$80 allowance at Costco Optical	Frames – Up to \$50
Contact lens – Once every calendar year (instead of glasses)	Medically necessary lenses: covered in full Elective lenses: \$130 maximum allowance for contacts and contact lens exam (fitting and evaluation) 15% off contact lens exams	Elective contacts – Up to \$105
Lens enhancements – Once every calendar year	\$55 Standard Progressive \$95–\$105 Premium Progressive \$150–\$175 Custom Progressive Average savings of 20–25% on other lens enhancements	Progressive lenses – Up to \$65
Additional discounts	20% discount on additional prescription glasses and sunglasses at any VSP provider within 12 months of your last exam Laser Vision Correction – Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	Not available

Summary of Benefits: Alternative Vision Plan

Atomic Trades and Labor Council (ATLC); International Guards Union of America (IGUA) Central Alarm Station Operators, and Beta 9 Operators; Non-Bargaining; Y-12 Fire Captains and Lieutenants (FCLT); and International Guards Union of America (IGUA) Y-12 Security Police Officers

Services Covered	In-Network	Out-of-Network
Exam – Once every calendar year	Covered in full	Exam – Up to \$45
Lenses – once every calendar year <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Lenticular 	Covered in full	Single vision – Up to \$45 Bifocals – Up to \$65 Trifocals – Up to \$85 Lenticular – Up to \$125
Frames – Once every other calendar year	\$150 allowance 20% discount for amount exceeding \$150 or \$80 allowance at Costco Optical	Frames – Up to \$47
Contact lens – Once every calendar year (instead of glasses)	Medically necessary lenses: covered in full Elective lenses: \$175 maximum allowance for contacts and contact lens exam (fitting and evaluation) 15% off contact lens exams	Elective contacts – Up to \$105
Lens enhancements – Once every calendar year	\$55 Standard Progressive \$95–\$105 Premium Progressive \$150–\$175 Custom Progressive Photochromic and tinted lenses covered in full	Progressive lenses – Up to \$65 Photochromic and tinted lenses – Up to \$5
Additional discounts	20% discount on additional prescription glasses and sunglasses at any VSP provider within 12 months of your last exam Laser Vision Correction – Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	Not available