

**ALASKA ELECTRICAL HEALTH & WELFARE FUND**  
**VISION PLAN**  
**PLAN 500**  
 July 1, 2007

**Review your current individual benefits at [www.vsp.com](http://www.vsp.com).**

This spreadsheet is intended to be a general summary only. In case of a difference, actual Plan provisions will apply.

	VSP MEMBER DOCTOR	Non-VSP Member Doctor
	Plan 500	
<b>Co-Payment per individual, per year</b>		
Exam	\$20	\$20
Lenses & Frames	\$30	\$30
<b><u>Plan Pays</u></b>		
Exam - every 12 months	100%	\$45
Frames - every 24 months	\$120	\$47
<b>Lenses - every 12 months (per pair)</b>		
Single Vision	100%	\$45
Bifocal	100%	\$65
Trifocal	100%	\$85
Lenticular	100%	\$125
<b>Contacts - every 12 months</b>		
Necessary	100% upon prior approval	up to \$250 upon approval
Elective	\$120	\$105