

Alaska Electrical Health & Welfare Fund VISION PLANS

July 1, 2007
Prices Effective May 1, 2007 Hours

	Plan 701		Plan 702		Plan 703		Plan 704	
	VSP Member Doctor	Non-Member Doctor	VSP Member Doctor	Non-Member Doctor	VSP Member Doctor	Non-Member Doctor	VSP Member Doctor	Non-Member Doctor
	Annual Deductible	\$10/Individual \$20/Individual	\$10/Individual \$20/Individual	\$20/Individual \$30/Individual	\$20/Individual \$40/Individual	\$20/Individual \$40/Individual	\$20/Individual \$40/Individual	\$20/Individual \$40/Individual
Lenses & Frames:	\$45 per 12 month \$47 per 12 month	\$45 per 12 month \$47 per 12 month	100% per 12 month \$120 per 12 month	100% per 12 month \$120 per 12 month	100% per 12 month \$120 per 12 month	100% per 12 month \$120 per 12 month	100% per 24 month \$47 per 24 month	100% per 24 month \$47 per 24 month
Plan Pays:								
Exam:								
**Frames:								
Lenses (per pair)	Per 12 month 100% \$45 \$65 \$85 \$125 \$5 total	Per 12 month 100% \$45 \$65 \$85 \$125 \$5 total	Per 12 month 100% \$45 \$65 \$85 \$125 \$5 total	Per 12 month 100% \$45 \$65 \$85 \$125 \$5 total	Per 12 month 100% \$45 \$65 \$85 \$125 \$5 total	Per 12 month 100% \$45 \$65 \$85 \$125 \$5 total	Per 24 month 100% \$45 \$65 \$85 \$125	Per 24 month 100% \$45 \$65 \$85 \$125
Contacts	Per 12 month 100% upon prior approval \$120	Per 12 month 100% upon prior approval \$120	Per 12 month 100% upon prior approval \$120	Per 12 month 100% upon prior approval \$120	Per 12 month 100% upon prior approval \$120	Per 12 month 100% upon prior approval \$120	Per 24 month 100% upon prior approval \$120	Per 24 month 100% upon prior approval \$120
Necessary:								
Elective:								

**If a more expensive frame is selected, participant pays the difference minus a 20% discount on the overage.
This spreadsheet is intended to be a general summary only. In case of a difference, actual Plan provisions will apply.