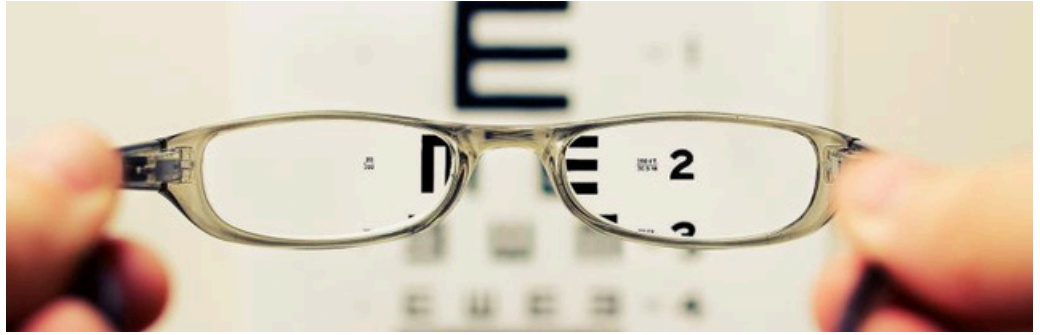


# Vision



Muskingum Valley Educational Service Center provides Vision Insurance through VSP for all eligible employees and their dependents.

You may use any provider you wish, but your benefits are higher when you use a participating provider. You may locate a provider at [www.vsp.com](http://www.vsp.com).

Benefit	Participating Provider	Non-Participating Provider	Frequency
Vision Exam Glasses Contacts (exam and fitting)	\$20 Copay \$Up to \$60 Copay	Up to \$45	12 Months
Lenses (single/bifocal/trifocal)	\$20 Copay	Single - up to \$30 Lined bifocal - up to \$50 Lined trifocal - up to \$65	12 Months
Frames	\$130 Allowance	Up to \$70	24 Months
Contacts (in lieu of glasses)	\$150 Allowance	Up to \$105	12 Months

\*Dependents can be covered to 26 regardless of student status. Coverage terminates at the end of the month in which the dependent turns 26.

Semi-Monthly Payroll Deductions	Vision
Employee Only	\$0.70
Employee & Family	\$1.39