



VISION INSURANCE PLAN OF AMERICA  
BENEFIT ILLUSTRATION

**CITY OF MENASHA**

Plan effective 01/01/2009

*VIPA Gold 100 Plan, \$0 Deductible, Materials Only- Dual Choice Illustration*

Benefit Specifications are as follow:

<u>Service/Material</u>	<u>Participating Provider</u>	<u>Non-Participating Provider</u>
<b>Vision Examination</b>	<i>Not a covered benefit under Materials Only Plan.</i>	
<b>Frame</b>	Up to: \$100 Retail Value	Up to: \$50.00 Retail Value
<b>Lenses (Clear, Standard, Glass or Plastic)</b>		
Single Vision (Pr)	Paid in Full	Up to: \$25.00 Retail Value
Bifocal (Pr)	Paid in Full	Up to: \$40.00 Retail Value
Trifocal (Pr)	Paid in Full	Up to: \$45.00 Retail Value

**[The Trifocal Benefit is applied to the purchase of Progressive Lenses]**  
(Insured pays difference in retail price between standard trifocal lens and progressive lens.)

<b>Contact Lenses*(including related diagnostic, fitting and evaluation services)</b>		
Elective	Up to: \$125.00	Up to: \$100.00 Retail Value
Medically Required	Paid in Full	Up to: \$150.00 Retail Value

**Frequency:**

Vision Examination	Not a covered benefit.
Frame	Once Each 24 Months.
Lenses	Once Each 12 Months.
Contact Lenses*	Once Each 12 Months.

\* Contact lens benefit is in lieu of the frame and eyeglass lens benefit. Contact lens fitting fees included in CL benefit, not vision exam benefit.

\*\* Limited Family – Employee and spouse *or* employee and child(ren)