



FrankCrum Announces Its New VSP Vision Plan

“Everyone should enjoy healthy sight”

FrankCrum is pleased to announce an affordable Vision Plan which offers great savings on eye exams and eyewear, plus discounts on laser vision correction for you and your dependents through the VSP Choice Plan.

VSP Choice Plan has a large network of doctors with many offering weekend and evening appointments. If you have any questions or would like to find the nearest VSP Doctor you can access the VSP website at vsp.com/choice or call VSP directly at 800.877.7195.

To enroll in FrankCrum’s VSP Choice Plan, please complete the enrollment form on the reverse side of this letter. Once completed you can fax it to FrankCrum’s Benefits Department at 727.373.0312 or email it to Benefits@FrankCrum.com. If you have any questions, please call the FrankCrum Benefits Department at 800.393.0815.

Open Enrollment is through May 31, 2010. Coverage for participants who enroll during this time will be effective the first of the month following the receipt of the completed enrollment form. Please note that once enrolled for this benefit, participants may not opt out until November, 2010. This benefit is offered on a pre-tax basis which offers you even more savings. Premiums will be deducted weekly beginning with the first paycheck of the month in which your new vision benefit is effective.

You and your dependents will get the most value from your VSP coverage if you use a VSP doctor. If you use a non-VSP provider, you’ll receive a lesser benefit. If you have any questions about coverage from non-VSP providers, you can call VSP directly at 800.877.7195 or call the FrankCrum Benefits Department at 800.393.0815.

YOUR COVERAGE FROM A VSP DOCTOR

Well Vision Exam - an eye exam is covered in full with no co-pay once every 12 months

Eye Glass Lenses – single vision, lined bifocal or lined trifocal lenses are covered in full once every 12 months. VSP offers cost controls on the most popular lens options, saving participants an average of 20-25%. These popular lens options include progressive lenses, anti-reflective coatings, photochromic lenses, scratch-resistant coatings, UV lenses, plastic dyes and poly-carbonate lenses. Dependent children are eligible for covered-in-full polycarbonate lenses once every 12 months.

Frames - \$120 allowance toward the retail price of frames once every 24 months. Frames are covered-in-full up to the retail allowance and participants receive an extra 20% off any amount above the allowance.

OR

Prescription Contact Lenses – in lieu of eye glasses participants can obtain contact lens services and materials up to the plan allowance of \$200 every 12 months with no co-pay. The allowance is also used toward the contact lens exam. Replacement contact lens (soft lens) wearers may be eligible for a covered-in-full initial contact lens fitting and evaluation plus an initial 6 month supply of approved lenses, including toric, multifocal and hydrogel. Participants will need to check with their VSP doctor to find out if they qualify for this extra benefit.

Necessary Contact Lenses – contact lenses are covered-in-full for participant’s who have specific conditions for which contact lenses provide better visual correction.

Low Vision – for participants that have vision loss sufficient enough to prevent reading and performing daily activities, When the benefit criteria is met, low vision supplemental testing and low vision aids up to \$1000 are covered every two years.

Laser Vision Correction - VSP has contracted with various laser centers to provide participants discounts on laser eye surgery including PRK, LASIK and Custom LASIK. Discounts average 15% off non promotional prices and 5% off the laser center’s promotional prices. To find the nearest VSP sponsored laser center you can access the VSP website at vsp.com/choice or call VSP directly at 800.877.7195.

Other Savings - VSP offers 20% off unlimited additional pairs of prescription glasses and non-prescription sunglasses within 12 months of the last covered eye exam.

COVERAGE FROM A NON-VSP PROVIDER - benefit reimbursements up to the listed amounts.

Eye Exam - once every 12 months	\$50
Prescription Eye Glass Lenses - once every 12 months	
Single Vision Lenses	\$33
Bifocal Lenses	\$50
Lined Trifocal Lenses	\$67
Eye Glass Frames – once every 24 months	\$75

OR

Contact Lenses - once every 12 months	
Elective Contact Lenses	\$150
Necessary Contact Lenses	\$200
(specific conditions for which contact lenses provide better visual correction)	

To receive reimbursement for services or materials purchased from non-VSP providers, you will need to submit a claim form and receipts. Please call the FrankCrum Benefits Department at 800.393.0815 to obtain a copy of the claim form. The claim form may be faxed to VSP at 916.463.9085 or mailed to the address provided on the claim form.