

VSP Insured Vision Plan
for employees of
First Financial Employee Leasing

Group #: 12144
Effective: October 1, 2009

Monthly Rate	
Employee Only	\$ 6.90
Employee & One	9.95
Employee & Family	17.90

- \$10 co-pay on examinations
Exam co-payment once every 12 months
- \$50 co-pay on materials
Materials co-payment once every 24 months
- No co-payment is required for contact lenses

VSP NETWORK DOCTOR: VSP will pay the cost of a comprehensive eye examination and prescribed materials purchased (frames, lenses, or contacts), up to the plan allowance, less any co-payments.

<u>Benefit</u>	<u>VSP Network Doctor</u>
Exam	Covered in full
Single Vision Lenses	Covered in full
Lined Bifocal Lenses	Covered in full
Lined Trifocal Lenses	Covered in full
Frames Covered	up to \$120.00
<i>Up to a 20% savings on lens extras such as scratch resistant and anti-reflective coatings, tints, blended and progressive lenses. A 20% discount is applied to the amount over the \$120 frame allowance. There is a 20% discount off additional pairs of prescription glasses and sunglasses.</i>	
*Contact Lenses, Evaluation and Fitting	
Necessary	Covered in full
Elective	Up to \$105.00

Laser Vision Surgery: Discounts vary by location, but will average 15% off the contracted laser center's usual and customary charges. Additionally, if the laser center is offering a temporary price reduction, VSP members will receive 5% off the promotional price.

NON-VSP PROVIDER: VSP will pay the cost of an eye examination and prescribed materials purchased (frames, lenses, or contacts) based upon a schedule of benefits. Although over 90% of VSP patients typically receive services from member doctors, services may be secured from any licensed optometrist, ophthalmologist, and/or dispensing optician. Bills for services from non-VSP providers may be submitted to VSP for reimbursement. Services obtained through non-VSP providers are subject to the same co-pays and limitations as services through VSP network doctors.

*Determination of "necessary" versus "elective" contact lenses under the out of network reimbursement schedule will be consistent with member doctor services.

HOW TO ACCESS THE BENEFITS

If you need to locate a VSP network doctor, call VSP members services at (800) 877-7195 or visit VSP's web site at www.vsp.com.

Benefits stated above are subject to the terms of the applicable master policy. Should they differ, benefits and terms stated in the Master Policy will prevail. Any change to this flyer is prohibited.

For further information contact
FFEL Benefit Department at (941) 625-7141 or 1-800-624-1805

AVAILABLE THROUGH BROKERS NATIONAL, 1-800-798-1125



August 7, 2009