

# ● U.S. Benefits Overview Notes

## *Agilent Vision Plan*

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- The Agilent Vision Plan covers a broad range of services (see table below)
- The plan is administered by Vision Service Plan (VSP)
- If you go to a vision care provider outside of VSP’s network, your benefits are considered “Out-of-Network” and your level of coverage will be lower (see table below).
- The plan requires no claim forms or membership card.

### Vision Benefits

Types of Benefits		
<b>2009 Employee Monthly Premiums (The amount you will pay each month):</b>		
Individual		\$4
Employee plus 1 Dependent		\$9
Employee plus Family		\$19
	VSP Network Doctor	Non-VSP Network Provider
Exams*	\$25 co-payment	Reimbursed up to a \$40 allowance after \$25 co-payment
Lenses, single vision*	\$25 co-payment (lenses and frames)	Reimbursed up to a \$40 allowance after \$25 co-payment (lenses and frames)
Lined bifocal lenses*	\$25 co-payment (lenses and frames)	Reimbursed up to a \$60 allowance after \$25 co-payment (lenses and frames)
Lined trifocal lenses*	\$25 co-payment (lenses and frames)	Reimbursed up to a \$80 allowance after \$25 co-payment (lenses and frames)
Lenticular lenses*	\$25 co-payment (lenses and frames)	Reimbursed up to a \$125 allowance after \$25 co-payment (lenses and frames)
Frames (every other calendar year)	Covered up to \$115 allowance. 20% discount off out-of-pocket costs exceeding allowance.	Reimbursed up to a \$45 allowance
Contact lenses*	Covered up to \$150 allowance	Reimbursed up to \$105 allowance
Medically necessary contact lenses*	Professional fees and materials, covered in full (with prior approval from VSP)	Professional fees and services, covered up to \$210 (with prior approval from VSP)
Laser Vision Correction (LASIK, PRK)	Discounted coverage	No coverage

\* Every calendar year.