

Vision

Regency Energy Partners also provides full-time employees with vision benefits and pays the full cost of this coverage. Your benefits include routine vision exams for a \$10 copay, and preferred pricing on a large selection of brand-name, designer frames, lenses, and lens options.

Coverage	PPO	
	In-Network	Out-of-Network
Deductible	N/A	
Exam	\$10 Copay	
Materials	\$25 Copay	
Benefit Frequency - # of Months	Schedule per Calendar Year	
Eye Exam	12	12
Lenses	12	12
Frames	24	24
Contacts (In Lieu of glasses)	12	12
Benefit Amount		
Eye Exam	Covered in full, less any applicable copay	Allowance up to \$43
Frames	Allowance up to \$130	Allowance up to \$40
Lenses:		
Single	Covered in full, less any applicable copay	Allowance up to \$30
Bifocal	Covered in full, less any applicable copay	Allowance up to \$45
Trifocal	Covered in full, less any applicable copay	Allowance up to \$62
Lenticular	Covered in full, less any applicable copay	Allowance up to \$100
Contact Lenses (in lieu of glasses)		
Medically Necessary	Covered in full, less any applicable copay	Allowance up to \$210
Elective	Allowance up to \$130	Allowance up to \$100

This guide is a summary only. Please refer to your VSP certificate booklet, which you will receive after enrolling for the coverage, for a complete description of VSP's detailed benefits, exclusions and limitations information.