



**SOMA COLLEGE HEALTH INSURANCE PROGRAM  
2004-2005 SCHOOL YEAR  
VISION OPTION**

<b>VISION BENEFITS</b> (Vision benefits are provided through a stand-alone vision insurance policy underwritten by VSP. See Vision Limitations and Exclusions section for exclusions, limitations and other policy provisions)		
Copay		
1. Exam.....		\$10
2. Materials.....		\$10
Benefit Allowances	VSP Participating Provider	Non Participatin g Provider
1. Exam \$10 Copay.....	100%	\$25
2. Lenses (Per Pair) \$10 Copay		
Single .....	100%	\$30
Lined Bifocal.....	100%	\$35
Lined Trifocal .....	100%	\$45
3. Contact Lenses (Instead of Lenses & Frames).....	\$105	\$105
4. Frame.....	\$125 Retail	\$45

**This is a brief summary of benefits under the Vision Program. Complete terms and conditions of coverage and benefits are set forth in the Master Policy issued to Student Osteopathic Medical Association. The plan is underwritten by VSP.**