Wyoming Credit Union Insurance Trust

# The Standard / VSP

## Vision Plan Summaries

| | Plan B | Plan C |
|---|---|---|
| Eye Exam | 12 Months | 12 Months |
| Exam Co-pay | $10.00 | $10.00 |
| Lenses | 12 Months | 12 Months |
| Frames | 24 Months | 12 Months |
| Frame Allowance | $200 | $250 |
| Contacts Allowance | $200 | $250 |
| Materials Co-pay | $25.00 | $25.00 |

**Please refer to the Plan Document for a full explanation of benefits, limitations and exclusions. If there is a discrepancy between this summary and the Plan Document, the Plan Document carries precedent.*