



ACTIVE EMPLOYEE VISION BENEFITS

Effective: January 1, 2023 – December 31, 2025

Rate Guaranteed thru 12/31/2025



VSP Choice	Option 2 High Core / High Voluntary																					
Copays	\$10 Exam / \$10 Materials (Lenses and/or frames)																					
Exam Every:	12 Months																					
Lenses Every:	12 Months																					
Frame Every:	24 Months																					
Diabetic EyeCare Plus	\$20 copay Provides additional eyecare services targeted specifically for members with diabetic eye disease, glaucoma, or age-related macular degeneration (AMD)																					
Examination	Covered in full after copay																					
Contact Lens Exam (Fitting & Evaluation)	Contact lens exam (fitting and evaluation) is covered in full with a copay not to exceed \$60 for all contact lens wearers. Members will also receive 15% off of the contact lens exam																					
Lenses:																						
Single Vision	Covered in full after copay																					
Lined Bifocal	Covered in full after copay																					
Lined Trifocal	Covered in full after copay																					
Lenticular	Covered in full after copay																					
Lens Enhancements:	The most popular lens enhancements are covered-in-full with a copay, saving our members an average of 20-25% <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;"><i>Single Vision</i></th> <th style="width: 35%; text-align: center;"><i>Multifocal</i></th> </tr> </thead> <tbody> <tr> <td>Standard Anti-reflective coating</td> <td style="text-align: center;">\$41</td> <td style="text-align: center;">\$41</td> </tr> <tr> <td>Polycarbonate for children</td> <td style="text-align: center;">Covered in full</td> <td style="text-align: center;">Covered in full</td> </tr> <tr> <td>Polycarbonate</td> <td style="text-align: center;">\$31</td> <td style="text-align: center;">\$35</td> </tr> <tr> <td>Progressives</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">\$55-175</td> </tr> <tr> <td>Photochromic/tints</td> <td style="text-align: center;">\$70</td> <td style="text-align: center;">\$82</td> </tr> <tr> <td>Standard Scratch-resistant coating</td> <td style="text-align: center;">\$17</td> <td style="text-align: center;">\$17</td> </tr> </tbody> </table>		<i>Single Vision</i>	<i>Multifocal</i>	Standard Anti-reflective coating	\$41	\$41	Polycarbonate for children	Covered in full	Covered in full	Polycarbonate	\$31	\$35	Progressives	N/A	\$55-175	Photochromic/tints	\$70	\$82	Standard Scratch-resistant coating	\$17	\$17
	<i>Single Vision</i>	<i>Multifocal</i>																				
Standard Anti-reflective coating	\$41	\$41																				
Polycarbonate for children	Covered in full	Covered in full																				
Polycarbonate	\$31	\$35																				
Progressives	N/A	\$55-175																				
Photochromic/tints	\$70	\$82																				
Standard Scratch-resistant coating	\$17	\$17																				
Frames	\$190.00 <i>Members who select a featured frame brand including Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West and more will receive an extra \$20 toward their frame allowance*</i> <i>*Reflects current promotion, evaluated annually.</i> <i>Promotion/featured frame brands are subject to change and the promotional allowance does not apply at Costco Optical. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.</i>																					
Elective Contact Lenses*	\$120.00																					
Necessary Contact Lenses*	Covered in full after materials copay <i>*Contact Lenses are in lieu of spectacle lenses and frames once every 12 months</i>																					
EXTRA SAVINGS																						
	Average 20-25% savings on all non-covered lens enhancements 20% off retail frame allowance overage 20% off additional glasses and sunglasses, including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam. Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.																					
OPEN ACCESS SCHEDULE (Out of Network)																						
Examination	\$35 Allowance																					
Lenses:																						
Single Vision	\$25 Allowance																					
Bifocal	\$35 Allowance																					
Trifocal	\$45 Allowance																					
Lenticular	\$100 Allowance																					
Progressive	\$35 Allowance																					
Frames	\$55 Allowance																					
Elective Contact Lenses	\$95 Allowance																					
Necessary Contact Lenses	\$250 Allowance																					
FULLY INSURED RATES																						
24 pays per year	100% Employee Paid																					
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Monthly</th> <th style="width: 35%; text-align: center;">Per Pay</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Employee Only</td> <td style="text-align: center;">\$5.57</td> <td style="text-align: center;">\$2.79</td> </tr> <tr> <td style="text-align: right;">Employee + Spouse</td> <td style="text-align: center;">\$11.17</td> <td style="text-align: center;">\$5.59</td> </tr> <tr> <td style="text-align: right;">Employee + Child(ren)</td> <td style="text-align: center;">\$11.49</td> <td style="text-align: center;">\$5.75</td> </tr> <tr> <td style="text-align: right;">Employee + Family</td> <td style="text-align: center;">\$15.91</td> <td style="text-align: center;">\$7.96</td> </tr> </tbody> </table>		Monthly	Per Pay	Employee Only	\$5.57	\$2.79	Employee + Spouse	\$11.17	\$5.59	Employee + Child(ren)	\$11.49	\$5.75	Employee + Family	\$15.91	\$7.96						
	Monthly	Per Pay																				
Employee Only	\$5.57	\$2.79																				
Employee + Spouse	\$11.17	\$5.59																				
Employee + Child(ren)	\$11.49	\$5.75																				
Employee + Family	\$15.91	\$7.96																				
18 pays per year	100% Employee Paid																					
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Monthly</th> <th style="width: 35%; text-align: center;">Per Pay</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Employee Only</td> <td style="text-align: center;">\$7.43</td> <td style="text-align: center;">\$3.72</td> </tr> <tr> <td style="text-align: right;">Employee + Spouse</td> <td style="text-align: center;">\$14.89</td> <td style="text-align: center;">\$7.45</td> </tr> <tr> <td style="text-align: right;">Employee + Child(ren)</td> <td style="text-align: center;">\$15.32</td> <td style="text-align: center;">\$7.66</td> </tr> <tr> <td style="text-align: right;">Employee + Family</td> <td style="text-align: center;">\$21.21</td> <td style="text-align: center;">\$10.61</td> </tr> </tbody> </table>		Monthly	Per Pay	Employee Only	\$7.43	\$3.72	Employee + Spouse	\$14.89	\$7.45	Employee + Child(ren)	\$15.32	\$7.66	Employee + Family	\$21.21	\$10.61						
	Monthly	Per Pay																				
Employee Only	\$7.43	\$3.72																				
Employee + Spouse	\$14.89	\$7.45																				
Employee + Child(ren)	\$15.32	\$7.66																				
Employee + Family	\$21.21	\$10.61																				