



## RETIRED EMPLOYEE VISION BENEFITS

Effective: January 1, 2023 – December 31, 2025

Rate Guaranteed thru 12/31/2025



VSP Choice	Option 2 High Core / High Voluntary														
<b>Copays</b>	\$10 Exam / \$10 Materials (Lenses and/or frames)														
<b>Exam Every:</b>	12 Months														
<b>Lenses Every:</b>	12 Months														
<b>Frame Every:</b>	24 Months														
<b>Diabetic EyeCare Plus</b>	\$20 copay														
	Provides additional eyecare services targeted specifically for members with diabetic eye disease, glaucoma, or age-related macular degeneration (AMD)														
<b>Examination</b>	Covered in full after copay														
<b>Contact Lens Exam (Fitting &amp; Evaluation)</b>	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														
<b>Lenses:</b>															
<b>Single Vision</b>	Covered in full after copay														
<b>Lined Bifocal</b>	Covered in full after copay														
<b>Lined Trifocal</b>	Covered in full after copay														
<b>Lenticular</b>	Covered in full after copay														
<b>Lens Enhancements:</b>	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: 50%; text-align: center;"><b>Single Vision</b></th> <th style="width: 50%; text-align: center;"><b>Multifocal</b></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Standard Anti-reflective coating</td> <td style="text-align: center;">\$41</td> </tr> <tr> <td style="text-align: center;">Polycarbonate for children</td> <td style="text-align: center;">Covered in full</td> </tr> <tr> <td style="text-align: center;">Polycarbonate</td> <td style="text-align: center;">\$31</td> </tr> <tr> <td style="text-align: center;">Progressives</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td style="text-align: center;">Photochromic/tints</td> <td style="text-align: center;">\$70</td> </tr> <tr> <td style="text-align: center;">Standard Scratch-resistant coating</td> <td style="text-align: center;">\$17</td> </tr> </tbody> </table>	<b>Single Vision</b>	<b>Multifocal</b>	Standard Anti-reflective coating	\$41	Polycarbonate for children	Covered in full	Polycarbonate	\$31	Progressives	N/A	Photochromic/tints	\$70	Standard Scratch-resistant coating	\$17
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<b>Frames</b>	\$190.00														
	<p><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></p> <p><i>*Reflects current promotion, evaluated annually.</i></p> <p><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></p>														
<b>Elective Contact Lenses*</b>	\$120.00														
<b>Necessary Contact Lenses*</b>	Covered in full after materials copay														
	*Contact Lenses are in lieu of spectacle lenses and frames once every 12 months														
<b>EXTRA SAVINGS</b>															
	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.														
<b>OPEN ACCESS SCHEDULE (Out of Network)</b>															
<b>Examination</b>	\$35 Allowance														
<b>Lenses:</b>															
<b>Single Vision</b>	\$25 Allowance														
<b>Bifocal</b>	\$35 Allowance														
<b>Trifocal</b>	\$45 Allowance														
<b>Lenticular</b>	\$100 Allowance														
<b>Progressive</b>	\$35 Allowance														
<b>Frames</b>	\$55 Allowance														
<b>Elective Contact Lenses</b>	\$95 Allowance														
<b>Necessary Contact Lenses</b>	\$250 Allowance														
<b>FULLY INSURED RATES</b>															
	<b>Monthly</b>														
Retiree Only	\$5.57														
Retiree + Spouse	\$11.17														
Retiree + Child(ren)	\$11.49														
Retiree + Family	\$15.91														