



# ACTIVE EMPLOYEE VISION BENEFITS

Effective: January 1, 2024 – 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%	
	<b>Single Vision</b>	<b>Multifocal</b>
<b>Standard Anti-reflective coating</b>	\$41	\$41
<b>Polycarbonate for children</b>	Covered in full	Covered in full
<b>Polycarbonate</b>	\$31	\$35
<b>Progressives</b>	N/A	\$55-175
<b>Photochromic/tints</b>	\$70	\$82
<b>Standard Scratch-resistant coating</b>	\$17	\$17
<b>Frames</b>	\$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>	
<b>Elective Contact Lenses*</b>	\$120.00	
<b>Necessary Contact Lenses*</b>	Covered in full after materials copay <i>*Contact Lenses are in lieu of spectacle lenses and frames once every 12 months</i>	
<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>24 pays per year</b>	<b>100% Employee Paid</b>	
	<b>Monthly</b>	<b>Per Pay</b>
<b>Employee Only</b>	\$5.58	\$2.79
<b>Employee + Spouse</b>	\$11.18	\$5.59
<b>Employee + Child(ren)</b>	\$11.50	\$5.75
<b>Employee + Family</b>	\$15.92	\$7.96
<b>18 pays per year</b>	<b>100% Employee Paid</b>	
	<b>Monthly</b>	<b>Per Pay</b>
<b>Employee Only</b>	\$7.44	\$3.72
<b>Employee + Spouse</b>	\$14.90	\$7.45
<b>Employee + Child(ren)</b>	\$15.34	\$7.67
<b>Employee + Family</b>	\$21.22	\$10.61