



ACTIVE EMPLOYEE VISION BENEFITS

Effective: January 1, 2022 – 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%	
	Single Vision	Multifocal
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* *Reflects current promotion, evaluated annually. 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 *Contact Lenses are in lieu of spectacle lenses and frames once every 12 months	
EXTRA SAVINGS	Average 20-25% savings on all non-covered lens enhancements 20% off retail frame allowance coverage 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	
	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	
	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