

COBRA PARTICIPANT VISION BENEFITS



Effective: January 1, 2022 – December 31, 2025 Rate Guaranteed thru 12/31/2025

	Option 2		
VSP Choice	High Core / High Voluntary		
	High Core / High Voluntary		
Copays	\$10 Exam / \$10 Materials (Lenses and/or frames)		
Exam Every:	12 M	onths	
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)			
	giaucoma, or agenerated macular degeneration (Amid)		
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		
Contact Lens Exam (Fitting & Evaluation)	wearers. Members will also receive 15% off of the contact lens exam		
Lenses:			
Single Vision	Covered in fu	ull after copay	
Lined Bifocal	Covered in fu	ıll 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		
rianies	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.		
Elective Contact Lenses*	\$120.00		
Necessary Contact Lenses*	Covered in full after materials copay		
Necessary Contact Lenses	*Contact Lenses are in lieu of spectacle lenses and frames once every 12 months		
EXTRA SAVINGS	Contact Editors and in float of oppositions in	ionicce and names once overy 12 monare	
EXTRA GAVINGO	Average 20-25% savings on all r	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:	ÇOO , MOTIGITO		
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			
	Monthly		
COBRA Participant Only	5.68		
COBRA Participant + Spouse			
COBRA Participant + Child(ren)			
COBRA Participant + Family	16.23		