2024 Vision

Standard Plan



Feature	In-Network	Out-of-Network
Eye Exam (every 12 months)	After you pay \$10 copay, Plan pays 100%	Plan pays \$35, You pay remainder
Eyeglass Frames (every 24 months) Subject to program limits	After you pay \$10 copay for materials ¹ Plan pays 100%	Plan pays \$40, You pay remainder
Eyeglass Lenses (every 12 months) • Single Vision • Bifocals • Trifocals • Lenticular	After you pay \$10 copay for materials Plan pays 100%	Single Vision: Plan pays \$30, You pay remainder Bifocal: Plan pays \$40, You pay remainder
	(one copay for total cost of frames and lenses when obtained together) ²	Trifocal: Plan pays \$60, You pay remainder Lenticular:
Contact Lenses (every 12 months) • Medically necessary³ • Cosmetic: conventional or disposable	Medically Necessary: Plan pays 100%, Cosmetic (conventional or disposable): Plan pays \$100, You pay remainder	Plan pays \$80, You pay remainder Medically Necessary: Plan pays \$250, You pay remainder Cosmetic (conventional or disposable): Plan pays \$100, You pay remainder

¹Within the plan's \$60 wholesale allowance (approximately \$150 to \$180 retail value).

² Includes solid and gradient tints, UV and scratch resistant protective coatings and polycarbonate lens material for children under age 19.

³ Most contact lenses are considered cosmetic, and therefore the benefit will be \$100 per 12-month period for lenses obtained in-or out-of-network. Medically necessary contact lenses are typically used as part of cataract surgery and represent less than 1% of the contacts provided through most vision plans.

2024 Vision

Buy-Up Plan



Feature	In-Network	Out-of-Network
Eye Exam (every 12 months)	After you pay \$10 copay, Plan pays 100%	Plan pays \$35, You pay remainder
Eyeglass Frames (every 12 months) Subject to program limits	After you pay \$10 copay for materials ¹ Plan pays 100%	Plan pays \$40, You pay remainder
Eyeglass Lenses (every 12 months) • Single Vision • Bifocals • Trifocals • Lenticular	After you pay \$10 copay for materials Plan pays 100% (one copay for total cost of frames and lenses when obtained together) ²	Single Vision: Plan pays \$30, You pay remainder Bifocal: Plan pays \$40, You pay remainder Trifocal: Plan pays \$60, You pay remainder Lenticular: Plan pays \$100, You pay remainder
Contact Lenses (every 12 months) • Medically necessary³ • Cosmetic: conventional or disposable	Medically Necessary: Plan pays 100%, Cosmetic (conventional or disposable): Plan pays \$150, You pay remainder	Medically Necessary: Plan pays \$250, You pay remainder Cosmetic (conventional or disposable): Plan pays \$100, You pay remainder

¹Within the plan's \$60 wholesale allowance (approximately \$150 to \$180 retail value).

³ Most contact lenses are considered cosmetic, and therefore the benefit will be \$150 per 12-month period for lenses obtained in-or out-of-network. Medically necessary contact lenses are typically used as part of cataract surgery and represent less than 1% of the contacts provided through most vision plans.



You can get both eyeglasses AND contacts every 12 months – not limited to one or the other.

² Includes solid and gradient tints, UV and scratch resistant protective coatings and polycarbonate lens material for children under age 19.