

Effective: 1/1/2026-12/31/2028
 \$0 Exam / \$0 Materials Copay
 Dependent Age: 26 (OBD)

Frequency Type: Last Date of Service
Vision Exam
Lenses
Frames

Employee
12 Months
12 Months
12 Months

Spouse
12 Months
12 Months
12 Months

Children
12 Months
12 Months
12 Months

Benefits: Employee Can Select Either
Vision Exam (Glasses or Contacts)
Retinal Screening with Exam
Clear Standard Lenses (Pair):
Single Vision
Bifocal
Blended Bifocal
Trifocal
Progressives (Basic)
Progressives (Standard and Premium 1-4)
Lenticular
Polycarbonate
Basic Scratch Coating
Frame (Wholesale Allowance)
-OR-
Elective Contacts (in lieu of eyeglass benefits)
Material Allowance
Elective Fitting Fee and Evaluation
-OR-
Medically Necessary Contacts
-AND-
Low Vision Aids (Per 24 Months. No Lifetime Max)
Lasik Surgery (once every 8 years)

VBA Participating Provider Amount Covered/Benefit
Covered in Full
Copay not to exceed \$39
Covered in Full
Partially-Covered
Covered in Full
Covered in Full
Covered in Full
Up to \$65
Up to \$160 ^A
15% off UCR
Covered in Full ^B
N/A
N/A

Out-of-Network Max Reimbursement (Zero Copay)
\$40
N/A
\$40
\$50
\$50
\$75
\$75
\$75
\$100
N/A
N/A
\$50
\$160
N/A
\$320
\$650
\$125

Where an "allowance" is shown above, the Member is responsible for paying any charges in excess of the allowance less any applicable copay.

Benefits and participation may vary by location, including, but not limited to, Costco® Optical, Pearle Vision, LensCrafters®, Target Optical®, Eyeglass World®, America's Best® and Boscov's™ Optical.

- A The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.
- B Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

