

Vision Plan

Outline

Vision plan with health eye exam, copays for additional services and allowance for frames or contacts.

Copays

| Vision Service | Copay |
|-----------------------------|-----------------|
| Eye Health Exam | \$10 |
| Contact Evaluation | \$10 additional |
| Spectacle Lenses Evaluation | \$10 additional |
| Anti-Reflective Coating | \$35 additional |
| Progressive Lenses | \$10 additional |

Plan will pay up to \$150 annually for all vision services per member.

Frame, Lenses and/or Contact Allowance

Plan will pay up to \$150 annually for a combined total for frames, lenses and/or contacts.

Network

We will work with any licensed provider. You can choose who you would like to work with!

Reimbursements for providers that do not bill the plan also available.

Costco Reimbursement

If services are rendered at a Costco Vision Center, Costco Optical or Independent Doctor of Optometry located in or near most [Costco locations](#), plan will reimburse and waive all copays.

Rates

| Coverage Tier | Vision Plan |
|-----------------------|-------------|
| Employee | \$9 |
| Employee & Spouse | \$15 |
| Employee & Child(ren) | \$14 |
| Employee & Family | \$22 |

The above chart reflects the full monthly plan rates for the 2019 plan year and do not account for any employer contribution.