Your 2027 Vision Plan

What	How Often	What You Pay	
		VSP Provider	**Non-VSP Provider**
Copay	Per calendar year	$10 per covered individual for exam and glasses	$10 per covered individual for exam and glasses
Exam	Once every calendar year	Included in copay above	100% of all expenses up to $50 annual reimbursement
Lenses	Once every calendar year	Included in copay above	> Single: 100% of all expenses up to $50 annual reimbursement > Bifocals: 100% of all expenses up to $75 annual reimbursement > Trifocals: 100% of all expenses up to $100 annual reimbursement > Lenticular: 100% of all expenses up to $125 annual reimbursement
Lens Enhancements* > Progressive lenses > Anti-glare coatings > Tints/light-reactive lenses > Hi-Index lenses > UV protection > Impact-resistant lenses	Once every calendar year	$0	Progressives: up to $80 All other lens enhancements are not covered
Frames**	Once every other calendar year	$300 annual allowance 20% savings on frame amount over your allowance	100% of all expenses up to $70 annual reimbursement
Contact Lenses	In lieu of lenses and frames, once every calendar year	$300 annual allowance including contact lens exam and fitting	100% of all expenses up to $120 annual reimbursement
Follow-Up Discounts	Available on the same day or within 12 months of your last WellVision exam	30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including an average of 40% off usual & customary pricing for lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.	Not covered
Computer Visioncare Benefit (this benefit allows you to get an extra pair of glasses for computer use)	> Exam: Once every calendar year > CVC frames: Once every other calendar year > CVC lenses: Once every calendar year > Anti-glare coating > UV protection	$10 copay for exam and lenses every calendar year, $80 allowance for frames every other calendar year	Not covered
Laser Vision Correction Surgery	Not covered	You receive a discount when you use a VSP provider > Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities > After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	You do not receive a discount when you use a non-VSP provider
Repair/Replacement Benefit	> Frame: Once every other calendar year > Lenses: Once every calendar year	$300 allowance (frames replaced only if the repair cost exceeds replacement cost) Covers repair or replacement of damaged or broken standard lenses	Not covered

* In-network only
** $165 Walmart / Sam's Club / Costco frame allowance