

# Your 2026 Vision Plan

| What                                                                                                                                                                             | How Often                                                                                                                                                             | What You Pay                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                  |                                                                                                                                                                       | VSP Provider                                                                                                                                                                                                                                                                                                                                 | Non-VSP Provider                                                                                                                                                                                                                                                                                                                        |
| <b>Copay</b>                                                                                                                                                                     | Per calendar year                                                                                                                                                     | \$10 per covered individual for exam and glasses                                                                                                                                                                                                                                                                                             | \$10 per covered individual for exam and glasses                                                                                                                                                                                                                                                                                        |
| <b>Exam</b>                                                                                                                                                                      | Once every calendar year                                                                                                                                              | Included in copay above                                                                                                                                                                                                                                                                                                                      | 100% of all expenses up to \$50 annual reimbursement<br>> Single: 100% of all expenses up to \$50 annual reimbursement<br>> Bifocals: 100% of all expenses up to \$75 annual reimbursement<br>> Trifocals: 100% of all expenses up to \$100 annual reimbursement<br>> Lenticular: 100% of all expenses up to \$125 annual reimbursement |
| <b>Lenses</b>                                                                                                                                                                    | Once every calendar year                                                                                                                                              | Included in copay above                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                         |
| <b>Lens Enhancements*</b><br>> Progressive lenses<br>> Anti-glare coatings<br>> Tints/light-reactive lenses<br>> Hi-Index lenses<br>> UV protection<br>> Impact-resistant lenses |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                  | Once every calendar year                                                                                                                                              | \$0                                                                                                                                                                                                                                                                                                                                          | Progressives: up to \$80<br>All other lens enhancements are not covered                                                                                                                                                                                                                                                                 |
| <b>Frames**</b>                                                                                                                                                                  | Once every other calendar year                                                                                                                                        | \$300 annual allowance<br>20% savings on frame amount over your allowance                                                                                                                                                                                                                                                                    | 100% of all expenses up to \$70 annual reimbursement                                                                                                                                                                                                                                                                                    |
| <b>Contact Lenses</b>                                                                                                                                                            | 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                                                                                                                                                                                                                                                                                   |
| <b>Follow-Up Discounts</b>                                                                                                                                                       | 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                                                                                                                                                                                                                                                                                                                             |
| <b>Computer Visioncare Benefit</b><br>(this benefit allows you to get an extra pair of glasses for computer use)                                                                 | > Exam: Once every calendar year<br>> CVC frames: Once every other calendar year<br>> CVC lenses: Once every calendar year<br>> Anti-glare coating<br>> UV protection | \$10 copay for exam and lenses every calendar year, \$80 allowance for frames every other calendar year                                                                                                                                                                                                                                      | Not covered                                                                                                                                                                                                                                                                                                                             |
| <b>Laser Vision Correction Surgery</b>                                                                                                                                           | Once per lifetime                                                                                                                                                     | You receive a discount when you use a VSP provider<br>> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities<br>> 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                                                                                                                                                                                                                                                                           |
| <b>Repair/Replacement Benefit</b>                                                                                                                                                | > Frame: Once every other calendar year<br>> 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