

## Copay Vision

**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.

**Reimbursement**

If services are rendered at a wholesale club such as Costco Vision Center or Sam's Club, plan will reimburse and waive all copays.