

## 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.