

	VISION PLAN	VISION PLAN PLUS
Frequency (Exam/Lenses/ Frame)	12/12/24 January/January/Every other January	12/12/12 January/January/January
Copay	\$20 exam/\$25 materials	\$10 exam
Examination	Covered after copay	Covered after copay
Lenses	Covered after copay	No copay
Anti-reflective coating	\$37-75 copay	\$37-75 copay
UV Protection	\$10-14 copay	\$10-14 copay
Frame allowance	\$150	\$250
Frame allowance @ Costco	\$80	\$135
Elective contact lenses	\$130	\$200
Necessary contact lenses	Covered after copay	No copay

Note: If there is a discrepancy between the benefits as described in the charts and the plan administrator's systems, the plan administrator's system governs for determining benefit coverage.