

2026 VISION PLAN OPTIONS COMPARISON*

	Vision Discount	Vision Choice Plan
Frequency (Exam/Lenses/Frame)	Once per calendar year (12/12/12)	12/12/12 January/January/January
Copay	\$50 with purchase of complete pair of glasses; 20% without purchase	\$10 exam/\$25 materials
Diabetic Eyecare Plus	N/A	\$20 copay per visit
Frames	25% savings when a complete pair of prescription glasses is purchased	\$150 frame allowance
Lenses	With purchase of a complete pair of glasses: Single vision - \$40; Lined bifocals - \$60; Lined trifocals - \$75	Covered after \$25 materials Copay
Lens Enhancements	Average savings of 20-25% Progressive, Scratch-resistant, Anti-reflective coating, UV treatment	Standard progressive - \$0; Premium progressive - \$25; Polycarbonate - \$31-35; Anti-reflective coating; UV treatment - \$10-16
Contact Lenses	15% savings on contact lens exam (fitting and evaluation)	\$130
Retinal Screening	Guaranteed pricing with exam, not to exceed \$39	In Network - \$10 copay; 30-day supply Out of Network - 50% of average whole price schedule plus charges above the schedule
Laser Vision Correction	Average 15% off the regular price or 5% off promotional price; discounts only available from contracted facilities	In Network - 80% covered; \$40 min copay, \$60 max copay; 30-day supply Out of Network - 50% of average whole price schedule plus charges above the schedule
Monthly Cost	\$0	See rates on page 11

Note: If there is a discrepancy between the benefits as described in the charts and the benefits as described in the Summary of Benefits and Coverage, Evidence of Coverage documents or other plan administrator's systems (together "Plan Administrator's Systems"), the Plan Administrator's Systems govern for determining benefit coverage.