

RETIRED EMPLOYEE VISION BENEFITS



Effective: January 1, 2022 – December 31, 2025 Rate Guaranteed thru 12/31/2025

VSP Choice	Option 2 High Core / High Voluntary	
Copays	\$10 Exam / \$10 Materials (Lenses and/or frames)	
Exam Every:	12 Months	
Lenses Every:	12 Months	
Frame Every:	24 Months	
Diabetic EyeCare Plus	\$20 copay	
	ecare services targeted specifically for members with diab	etic eye disease,
	laucoma, or age-related macular degeneration (AMD)	
Examination	Covered in full after copay Contact lens exam (fitting and evaluation) is covered in full with a copay not to exceed \$60 for all contact lens	
Contact Lens Exam (Fitting & Evaluation)	wearers. Members will also receive 1	
Lenses:	Occurrent in full	- 4
Single Vision	Covered in full Covered in full	
Lined Bifocal Lined Trifocal	Covered in full	
Lenticular	Covered in full after copay	
Lens Enhancements:	The most popular lens enhancements are covered-in-full with a copay,	
	saving our members an average of 20-25%	
Otom dourd Anti- unflocations	Single Vision	Multifocal
Standard Anti-reflective coating	\$41 Covered in full	\$41 Covered in full
Polycarbonate for children	\$31	\$35
Polycarbonate Progressives	531 N/A	\$35 \$55-175
Photochromic/tints	\$70	\$82
Standard Scratch-resistant coating	\$17	\$17
Frames	\$190.0	
	Members who select a featured frame brand including Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West and more will receive an extra \$20 toward their frame allowance* *Reflects current promotion, evaluated annually. Promotion/featured frame brands are subject to change and the promotional allowance does not apply at Costco Optical. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.	
Elective Contact Lenses*	\$120.00	
Necessary Contact Lenses*	Covered in full after materials copay *Contact Lenses are in lieu of spectacle lenses and frames once every 12 months	
EXTRA SAVINGS	*Contact Lenses are in lieu of spectacle len	ses and frames once every 12 months
EXTRA SAVINGS	Average 20-25% savings on all no	n-covered lens enhancements
	20% off retail frame allowance overage	
	20% off additional glasses and sunglasses, including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam.	
	Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price.	
	Discounts only available fro	m contracted facilities.
OPEN ACCESS SCHEDULE (Out of Network)		
Examination	\$35 Allow	ance
Lenses:		
Single Vision	¢25 Allow	10000
Single Vision Bifocal	\$25 Allow \$35 Allow	
Bifocal	\$35 Allow	ance
Bifocal Trifocal	\$35 Allow \$45 Allow	vance vance
Bifocal	\$35 Allow	rance rance vance
Bifocal Trifocal Lenticular	\$35 Allow \$45 Allow \$100 Allow	rance rance vance rance
Bifocal Trifocal Lenticular Progressive	\$35 Allow \$45 Allow \$100 Allov \$35 Allow	rance rance vance rance rance
Bifocal Trifocal Lenticular Progressive Frames Elective Contact Lenses Necessary Contact Lenses	\$35 Allow \$45 Allow \$100 Allov \$35 Allow \$55 Allow	rance rance vance rance rance rance
Bifocal Trifocal Lenticular Progressive Frames Elective Contact Lenses	\$35 Allow \$45 Allow \$100 Allov \$35 Allow \$55 Allow \$95 Allow	rance rance vance rance rance rance
Bifocal Trifocal Lenticular Progressive Frames Elective Contact Lenses Necessary Contact Lenses	\$35 Allow \$45 Allow \$100 Allow \$35 Allow \$55 Allow \$95 Allow \$250 Allow	rance rance vance rance rance rance
Bifocal Trifocal Lenticular Progressive Frames Elective Contact Lenses Necessary Contact Lenses FULLY INSURED RATES	\$35 Allow \$45 Allow \$100 Allow \$35 Allow \$55 Allow \$95 Allow \$250 Allow \$250 Allow	rance rance vance rance rance rance
Bifocal Trifocal Lenticular Progressive Frames Elective Contact Lenses Necessary Contact Lenses FULLY INSURED RATES Retiree Only	\$35 Allow \$45 Allow \$100 Allov \$35 Allow \$55 Allow \$95 Allow \$250 Allow \$250 Allow \$250 Allow \$250 Allow	rance rance vance rance rance rance
Bifocal Trifocal Lenticular Progressive Frames Elective Contact Lenses Necessary Contact Lenses FULLY INSURED RATES Retiree Only Retiree + Spouse	\$35 Allow \$45 Allow \$100 Allow \$35 Allow \$55 Allow \$95 Allow \$250 Allow \$250 Allow \$250 Allow \$250 Allow \$11.17	vance vance vance vance vance vance
Bifocal Trifocal Lenticular Progressive Frames Elective Contact Lenses Necessary Contact Lenses FULLY INSURED RATES Retiree Only	\$35 Allow \$45 Allow \$100 Allov \$35 Allow \$55 Allow \$95 Allow \$250 Allow	vance vance vance vance vance vance