

## Vision Plan

Vision Insurance Schedule - Full Service			
Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Exam Services WellVision Exam®	1 per 12 months	\$25	Up to \$45
Lenses  Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts	1 per 12 months	\$25  (lenses and frame)	Up to \$30 Up to \$50 Up to \$60 Up to \$100 Up to \$210
Lens Enhancements  Standard progressive Premium progressive Custom progressive		No cost \$95 - \$105 copay \$150 - \$175 copay  Average savings of 20-25% on other lens enhancements	N/A
Frames <i>Includes a wide selection of frames at Walmart®.</i>	1 per 24 months	<ul style="list-style-type: none"> <li>\$130 for the frame of your choice</li> <li>\$70 allowance at Costco®*</li> </ul>	Up to \$70
Elective Contact Lenses  <i>Contact lenses are in place of lenses and frame.</i>	1 per 12 months	<ul style="list-style-type: none"> <li>Up to \$60 for your contact lens exam (fitting and evaluation)</li> <li>\$130 for contact lenses</li> </ul>	Up to \$105
Coverage with Retail Providers	*Coverage with retail providers may be different. Check with Costco® and Walmart® for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.		

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.