

# Comparing Your Vision Plan Options

We recommend using this brief overview as a reference tool to understand your different vision plan options.

Plan Design Feature	Traditional Plan		Premier Plan	
Paycheck Deduction	Lowest		Highest	
Office visits	once every calendar year		once every calendar year	
Exam	once every calendar year		once every calendar year	
Lenses	once every calendar year		once every calendar year <i>(optional second pair of glasses in lieu of contact lenses)</i>	
Frames	once every calendar year		once every calendar year <i>(optional second pair of glasses in lieu of contact lenses)</i>	
Contacts	once every calendar year <i>(in lieu of frames)</i>		once every calendar year <i>(contacts &amp; frames)</i>	
	In-Network	Out-of-Network (reimbursements)	In-Network	Out-of-Network (reimbursements)
Exam Copay	\$10	up to \$45	\$10	up to \$45 less \$10 copay
Materials Copay	\$25	up to \$50	\$25	range: \$30-\$100 less \$25 copay
Frame Allowance	\$150	up to \$70	\$250	up to \$70
Contact Allowance	\$150	up to \$105	\$250	up to \$105
Contact Lens Exam	up to \$60	N/A	up to \$60	N/A
Anti-Reflective Copay (Blue Blockers)	N/A	N/A	\$25	N/A
Lightcare Benefit <i>(nonprescription sunglasses in lieu of glasses)</i>	\$150 allowance	\$70 allowance	\$250 allowance	\$70 allowance
Custom & Premium Progressive Lenses	N/A	N/A	\$25	N/A
UV Protection Coating	N/A	N/A	Covered in full	N/A
Computer Glasses with Lenses	N/A	N/A	Covered in full frame allowance up to \$90 <i>(not available for enrolled dependents)</i>	Allowances frames up to \$45 lens \$30-\$100 <i>(not available for enrolled dependents)</i>

Please refer to plan materials for complete detail. If there are any inconsistencies between this summary of vision benefits and the official plan documents, the plan documents will govern.

