

# YOUR 2022 VISION PLAN

WHAT	HOW OFTEN	WHAT YOU PAY	
		VSP PROVIDER	NON-VSP PROVIDER
<b>Copay</b>	Per calendar year	\$10 per covered individual for exam and glasses	\$10 per covered individual for exam and glasses
<b>Exam</b>	Once every calendar year	Included in copay above	100% of all expenses up to \$50 annual reimbursement
<b>Lenses</b> (polycarbonate lenses for covered children are covered in full)	Once every calendar year	Included in copay above	<ul style="list-style-type: none"> <li>• Single: 100% of all expenses up to \$50 annual reimbursement</li> <li>• Bifocals: 100% of all expenses up to \$75 annual reimbursement</li> <li>• Trifocals: 100% of all expenses up to \$100 annual reimbursement</li> <li>• Lenticular: 100% of all expenses up to \$125 annual reimbursement</li> </ul>
<b>Lens Enhancements</b> <ul style="list-style-type: none"> <li>• Progressive lenses</li> <li>• Anti-glare coatings</li> <li>• Tints/light-reactive lenses</li> <li>• Anti-glare coatings*</li> <li>• UV protection*</li> </ul>	Once every calendar year	\$0	Progressives: up to \$80 Not covered Not covered
<b>Frames**</b>	Once every other calendar year	100% of all expenses in excess of \$300 annual allowance	100% of all expenses up to \$70 annual reimbursement
<b>Contact Lenses</b>	In lieu of lenses and frames, once every calendar year	100% of all expenses (including contact lens exam) up to \$300 annual allowance	100% of all expenses up to \$120 annual reimbursement
<b>Follow-Up Discounts</b>	Available on the same day or within 12 months of your last WellVision exam	You receive a 30% discount on additional glasses and sunglasses, including lens enhancements from the same VSP provider or 20% discount from any VSP provider	Not covered
<b>Computer Visioncare Benefit</b> (this benefit allows you to get an extra pair of glasses for computer use)	<ul style="list-style-type: none"> <li>• Exam: Once every calendar year</li> <li>• CVC frames: Once every other calendar year</li> <li>• CVC lenses: Once every calendar year</li> </ul>	\$10 copay for exam and lenses every calendar year, and 100% of all expenses in excess of \$80 for frames every other calendar year	Not covered
<b>Laser Vision Correction Surgery</b>	N/A	You receive a discount when you use a VSP provider	You do not receive a discount when you use a non-VSP provider
<b>Repair/Replacement Benefit</b>	<ul style="list-style-type: none"> <li>• Frame: Once every other calendar year</li> <li>• Lenses: Once every calendar year</li> </ul>	100% of all expenses in excess of \$300 allowance (frames replaced only if the repair cost exceeds replacement cost) Covers repair or replacement of damaged or broken standard lenses	Not covered

\* In-network only

\*\* \$165 Walmart® / Sam's Club® / Costco® frame allowance