

HERITAGE BENEFITS

Vision Insurance

STANDARD|PREMIUM **MONTHLY RATES**

\$6.27 | \$11.60 – Single Coverage **\$9.10 | \$16.81** - Employee + 1 **\$16.31 | \$30.15** – Family Coverage

OUT-OF-NETWORK COVERAGE

Exam – up to \$45 Frame – up to \$70

Lined Bifocal Lenses – up to \$50 **Lined Trifocal Lenses** – up to \$65 Contacts – up to \$105 Progressive Lenses – up to \$50 Single Vision Lenses – up to \$30

Benefit	Description (Premium in BOLD)	Сорау
Well Vision Exam	Focuses on your eyes and overall wellnessEvery 12 months	\$10
Prescription Glasses		\$25
Frame	 \$130/\$180 allowance for a selection of frames \$150/\$200 allowance for featured frame brands 20% savings on amount over allowance \$70/\$100 Costco frame allowance Every 24 months 	Included in Prescription Glasses
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Included in Prescription Glasses
Lens Enhancements	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Progressive lenses, Scratch coating, Anti-Reflective coating, Photochromatic Average savings of 20-25% on other lens enhancements Every 12 months 	\$55 \$95 - \$105 \$150-\$175 \$0
Contacts (instead of glasses)	 \$130/\$180 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60

Extra Savings	Description	
Glasses & Sunglasses	 Extra \$20 to spend on featured frame brands. Go to Vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements from any VSP providers within 12 months of your last Well Vision Exam. 	
Retinal Screening	No more than \$39 copay routine screening as an enhancement to a Well Vision Exam.	
Laser Vision Correction	• Average 15% off the regular price or 5% off the promotional price; discounts only available to contracted facilities.	