

# STANDARD VISION

Vision	
Employee Type	Amt/Month
Employee Only (EE)	\$12
Employee & Spouse (ES)	\$16
Employee & Child (EC)	\$16
Employee & Family (EF)	\$26



## VISION PLAN SUMMARY

Your Planstin Vision plan includes low copays for an eye health exam, and an allowance for frames or contacts. All copays will be waived when you receive services at wholesale clubs.



### Vision Service

### In-Network

Eye Health Exam	\$10	\$10
Contact Evaluation	\$10	\$10
Spectacle Lenses Evaluation	\$35	
Progressive Lenses		
Anti-Reflective Coating		

Note: More than one copay may be required when you visit your provider. For example, you may have a copay for your eye exam and your lens evaluation. In this case, your copays would add up to \$20.



## PICK YOUR PROVIDER

Your plan will work with any licensed provider. In the event your provider is unable to bill the plan, you may submit an itemized receipt for reimbursement.



### Vision Services

Your plan will pay up to **\$150** per member, per plan year for vision services (such as, exams and refractions).

### Vision Equipment

Your plan will pay up to **\$150** per member, per plan year for vision equipment (such as, frames, lenses, and contacts).

Allowances are a total amount the plan will spend in each category (vision, or equipment).