

COBRA PARTICIPANT VISION BENEFITS

Effective: January 1, 2023 – December 31, 2025

Rate Guaranteed thru 12/31/2025

VSP Choice	Option 2 High Core / High Voluntary														
Copays	\$10 Exam / \$10 Materials (Lenses and/or frames)														
Exam Every:	12 Months														
Lenses Every:	12 Months														
Frame Every:	24 Months														
Diabetic EyeCare Plus	\$20 copay														
	Provides additional eyecare services targeted specifically for members with diabetic eye disease, glaucoma, or age-related macular degeneration (AMD)														
Examination	Covered in full after copay														
Contact Lens Exam (Fitting & Evaluation)	Contact lens exam (fitting and evaluation) is covered in full with a copay not to exceed \$60 for all contact lens wearers. Members will also receive 15% off of the contact lens exam														
Lenses:															
Single Vision	Covered in full after copay														
Lined Bifocal	Covered in full after copay														
Lined Trifocal	Covered in full after copay														
Lenticular	Covered in full after copay														
Lens Enhancements:	The most popular lens enhancements are covered-in-full with a copay, saving our members an average of 20-25%														
	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Single Vision</td> <td style="text-align: center;">Multifocal</td> </tr> <tr> <td style="text-align: center;">Standard Anti-reflective coating</td> <td style="text-align: center;">\$41</td> </tr> <tr> <td style="text-align: center;">Polycarbonate for children</td> <td style="text-align: center;">Covered in full</td> </tr> <tr> <td style="text-align: center;">Polycarbonate</td> <td style="text-align: center;">\$31</td> </tr> <tr> <td style="text-align: center;">Progressives</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td style="text-align: center;">Photochromic/tints</td> <td style="text-align: center;">\$70</td> </tr> <tr> <td style="text-align: center;">Standard Scratch-resistant coating</td> <td style="text-align: center;">\$17</td> </tr> </table>	Single Vision	Multifocal	Standard Anti-reflective coating	\$41	Polycarbonate for children	Covered in full	Polycarbonate	\$31	Progressives	N/A	Photochromic/tints	\$70	Standard Scratch-resistant coating	\$17
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Standard Scratch-resistant coating	\$17														
Frames	\$190.00														
	<p><i>Members who select a featured frame brand including Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West and more will receive an extra \$20 toward their frame allowance*</i></p> <p><i>*Reflects current promotion, evaluated annually.</i></p> <p><i>Promotion/featured frame brands are subject to change and the promotional allowance does not apply at Costco Optical. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.</i></p>														
Elective Contact Lenses*	\$120.00														
Necessary Contact Lenses*	Covered in full after materials copay														
	*Contact Lenses are in lieu of spectacle lenses and frames once every 12 months														
EXTRA SAVINGS															
	Average 20-25% savings on all non-covered lens enhancements														
	20% off retail frame allowance overage														
	20% off additional glasses and sunglasses, including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam.														
	Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.														
OPEN ACCESS SCHEDULE (Out of Network)															
Examination	\$35 Allowance														
Lenses:															
Single Vision	\$25 Allowance														
Bifocal	\$35 Allowance														
Trifocal	\$45 Allowance														
Lenticular	\$100 Allowance														
Progressive	\$35 Allowance														
Frames	\$55 Allowance														
Elective Contact Lenses	\$95 Allowance														
Necessary Contact Lenses	\$250 Allowance														
FULLY INSURED RATES															
	Monthly														
COBRA Participant Only	5.68														
COBRA Participant + Spouse	11.39														
COBRA Participant + Child(ren)	11.72														
COBRA Participant + Family	16.23														