



High Option Vision Plan Schedule of Benefits

Benefits	Participating & Affiliate Provider* <i>Plan Pays:</i>	Non-Participating Provider <i>Plan Pays:</i>
Examinations		
• Vision Exam	100% after \$25 copay	up to \$45
Prescription Glasses (instead of contacts)		
• Frame	100% for frames up to \$120 (up to \$65 at Costco**) 20% off the amount over your allowance	up to \$70
• Lenses		
Single Vision Lenses	100%	up to \$30
Lined Bifocal Lenses	100%	up to \$50
Lined Trifocal Lenses	100%	up to \$65
Note: Polycarbonate lenses for dependent children		
• Lens Enhancements		
Standard Progressive Lenses	100%	up to \$50
Premium Progressive Lenses	100% after copay ranging from \$95 to \$105	up to \$50
Custom Progressive Lenses	100% after copay ranging from \$150 to \$175	up to \$50
Contacts (instead of glasses)		
• Contact Lens Exam (fitting and evaluation)	\$120 100% after copay up to \$60	up to \$105
Frequency of Services		
• Examination	Once every 12 months	
• Prescription Glasses		
Frame	Once every 24 months	
Lenses	Once every 12 months	
Lens Enhancements	Once every 12 months	
• Contacts	Once every 12 months	

Vision plans are underwritten by Vision Service Plan (VSP)

* Doctor network is VSP Choice. Your coverage with a retail chain affiliate provider may be different from the coverage with a Participating Provider.

** Applies to Oahu and participating Neighbor Island Costco Optical locations.

This is a summary of benefits. Please refer to VSP for details.