



# Premier Vision Plan

## Schedule of Benefits

Benefits	Plan Pays	
	Participating & Affiliate Provider*	Non-Participating Provider
<b>Examinations</b>		
• Vision Exam	100% after \$0 copay	up to \$45
<b>Prescription Glasses</b> (instead of contacts)		
• Frame	100% for Frames up to \$150 or Featured Frame Brands up to \$170 (up to \$80 at Costco**)	up to \$70
	20% savings on the amount over your allowance	
• 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
<b>Contacts</b> (instead of glasses)	\$150	up to \$105
• Contact Lens Exam (fitting and evaluation)	100% after copay up to \$60	
<b>Frequency of Services</b>		
• Examination		Once every 12 months
• Prescription Glasses		
Frame		Once every 12 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)**

\* Participating Provider 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 effective January 1, 2024. Please refer to VSP for details.