

# Vision Plans

## Schedule of Benefits

Benefits	VISION PLUS	HIGH OPTION VISION	PREMIER VISION	Non-Participating Provider
	Participating & Affiliate Provider*	Participating & Affiliate Provider*	Participating & Affiliate Provider*	
	Plan Pays	Plan Pays	Plan Pays	Plan Pays
<b>Examinations</b>				
• Vision Exam	100% after \$25 copay	100% after \$25 copay	100% after \$0 copay	up to \$45
<b>Prescription Glasses</b> (instead of contacts)				
• Frame	100% after \$25 copay for Frames up to \$120 or Featured Frame Brands up to \$140  (up to \$65 at Costco**) 20% off the amount over your allowance	100% for Frames up to \$150 or Featured Frame Brands up to \$170  (up to \$80 at Costco**) 20% off the amount over your allowance	100% for Frames up to \$150 or Featured Frame Brands up to \$170  (up to \$80 at Costco**) 20% off the amount over your allowance	up to \$70
• Lenses				
Single Vision	100%	100%	100%	up to \$30
Lined Bifocal	100%	100%	100%	up to \$50
Lined Trifocal	100%	100%	100%	up to \$65
Note: Polycarbonate for dependent children				
• Lens Enhancements				
Standard Progressive	100%	100%	100%	up to \$50
Premium Progressive	100% after copay ranging from \$95 to \$105	100% after copay ranging from \$95 to \$105	100% after copay ranging from \$95 to \$105	up to \$50
Custom Progressive	100% after copay ranging from \$150 to \$175	100% after copay ranging from \$150 to \$175	100% after copay ranging from \$150 to \$175	up to \$50
<b>Contacts</b> (instead of glasses)	\$120	\$120	\$150	up to \$105
• Contact Lens Exam (fitting and evaluation)	100% after copay up to \$60	100% after copay up to \$60	100% after copay up to \$60	
<b>Frequency of Services</b>				
• Examination	Once every 12 months	Once every 12 months	Once every 12 months	Same as Participating & Affiliate Provider* for exam, glasses, and contacts
• Prescription Glasses Frame	Once every 24 months	Once every 24 months	Once every 12 months	
Lenses	Once every 24 months	Once every 12 months	Once every 12 months	
Lens Enhancements	Once every 24 months	Once every 12 months	Once every 12 months	
• Contacts	Once every 24 months	Once every 12 months	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. This document is intended to provide a condensed explanation of benefits. Please refer to VSP for details.