

# Your 2019 Vision Coverage Comparison

Highlights of Your Vision Plan Options	Vision Plan		Vision Choice Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Exams and lenses</b>	Covered annually		Covered annually	
<b>Frames</b>	Covered every other year		Covered annually	
<b>Exam Coverage</b>	100% after a \$10 copay	100% after a \$10 copay, to a maximum allowance of \$52	100% after a \$10 copay	100% after a \$10 copay, to a maximum allowance of \$52
<b>Prescription Lenses</b>	100% after a \$25 copay	100% after a \$25 copay, to a maximum allowance of \$55 to \$125 depending on the type of lens	100% after a \$10 copay	100% after a \$10 copay, to a maximum allowance of \$55 to \$125 depending on the type of lens
<b>Frame Allowance</b>	100% after a \$25 copay, to a maximum retail allowance of \$150	100% after a \$25 copay, to a maximum retail allowance of \$70	100% after a \$10 copay, to a maximum retail allowance of \$150 OR \$250	100% after a \$10 copay, to a maximum retail allowance of \$70
<b>Contact Allowance</b>	100% after a \$25 copay for visually necessary lenses; \$130 allowance limit (no copay) applies to elective lenses	100% after a \$25 copay to a maximum allowance of \$210 for visually necessary lenses; or \$105 for elective lenses	100% after a \$10 copay for visually necessary lenses; \$225 allowance limit (no copay) applies to elective lenses	100% after a \$10 copay to a maximum allowance of \$210 for visually necessary lenses; or \$105 for elective lenses
<b>Progressive Lenses</b>	Covered up to \$50 and \$160 depending on the lenses. Materials copay of \$25 applies	100% after a \$25 copay; \$95 allowance	Covered in full after \$10 copay if not using \$250 frame allowance	100% after a \$10 copay; \$95 allowance