

VISION

OUTLINE

Your Planstin Vision plan includes low copays for an eye health exam, and an allowance for frames or contacts. All copays will be waived when you receive services at wholesale clubs.

COPAYS

Vision Service	Copay
Eye Health Exam	\$10
Contact Evaluation	\$10
Spectacle Lenses Evaluation	\$10
Progressive Lenses	\$10
Anti-Reflective Coating	\$35

Note: More than one copay may be required when you visit your provider. For example, you may have a copay for your eye exam and your lens evaluation. In this case, your copays would add up to \$20.

VISION SERVICES

Your plan will pay up to \$150 annually for all vision services (for example, exams and refractions) per member, per plan year. There is a separate \$150 allowance for equipment (see below).

FRAME, LENSES, & CONTACTS

Your plan will pay up to \$150 annually for frames, lenses, and contacts combined.

REIMBURSEMENT

If your provider is unable to bill the plan, please submit an itemized receipt for reimbursement. You are eligible for reimbursement up to the plan allowances.

NETWORK

You can choose who you would like to work with! Your plan will work with any licensed provider. Reimbursements are available for providers that do not bill the plan.