

Vision Benefits & Fees

Table 1

| VISION BENEFITS | Superior Vision (Current) | | The Standard | | Versant Health (Superior Vision) | |
|---|---|---|--|--|---|---|
| | Low | High | Low | High | Low | High |
| Annual Eye Exam In-Network | Covered in Full after \$10 Copay | Covered in Full after \$10 Copay | Covered in Full after \$10 Copay | Covered in Full after \$10 Copay | Covered in Full after \$10 Copay | Covered in Full after \$10 Copay |
| Non-Network | Up to \$35 | Up to \$35 | Up to \$35 | Up to \$35 | Up to \$35 | Up to \$35 |
| Retinal Imaging | N/A | N/A | N/A | N/A | N/A | N/A |
| Frames / Lenses* | | | | | | |
| Single Vision - Network/Non-Network | Covered / Up to \$25 | Covered / Up to \$25 | Covered / Up to \$25 | Covered / Up to \$25 | Covered / Up to \$25 | Covered / Up to \$25 |
| Bifocal Lenses - Network/Non-Network | Covered / Up to \$40 | Covered / Up to \$40 | Covered / Up to \$40 | Covered / Up to \$40 | Covered / Up to \$40 | Covered / Up to \$40 |
| Trifocal Lenses - Network/Non-Network | Covered / Up to \$45 | Covered / Up to \$45 | Covered / Up to \$55 | Covered / Up to \$55 | Covered / Up to \$45 | Covered / Up to \$45 |
| Progressive Lenses - Network/Non-Network | Covered in full up to Standard Progressive / Up to \$45 | Covered in full up to Standard Progressive / Up to \$45 | Standard: \$65 + ded Premium: \$85+ ded / \$95+ ded / \$110+ ded / \$65+ 80% of charge less \$120 allowance Non-Network: Not covered | Standard: \$65 + ded Premium: \$85+ ded / \$95+ ded / \$110+ ded / \$65+ 80% of charge less \$120 allowance Non-Network: Not covered | Allowance at Standard Trifocal level / Up to \$45 | Allowance at Standard Trifocal level / Up to \$45 |
| Frames - Network/Non-Network | \$10 Copay | \$10 Copay | Covered after \$10 Copay | Covered after \$10 Copay | \$10 Copay | \$10 Copay |
| Retail Frame Allowance | \$150 Retail Frame Allowance / Up to \$60 | \$150 Retail Frame Allowance / Up to \$60 | \$150 / Up to \$75 | \$150 / Up to \$75 | \$150 Retail Frame Allowance / Up to \$70 | \$150 Retail Frame Allowance / Up to \$70 |
| Contacts | Contact Lenses in lieu of Glasses | Contact Lenses in lieu of Glasses | Contact Lenses in lieu of Glasses | Contact Lenses in lieu of Glasses | Contact Lenses in lieu of Glasses | Contact Lenses in lieu of Glasses |
| Network | | | | | | |
| Medically Necessary | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full |
| Elective | \$150 Allowance | \$150 Allowance | Up to \$150 | Up to \$150 | \$150 Allowance | \$150 Allowance |
| Non-Network | | | | | | |
| Medically Necessary | Up to \$150 | Up to \$150 | Up to \$200 | Up to \$200 | Up to \$150 | Up to \$150 |
| Elective | Up to \$65 | Up to \$80 | Up to \$120 | Up to \$120 | Up to \$80 | Up to \$80 |
| Standard Contact Lens Fitting Fee | N/A | N/A | Standard: Participant cost up to \$40 (In-network only) | Standard: Participant cost up to \$40 (In-network only) | N/A | N/A |
| Specialty Contact Lens Fitting Fee | N/A | N/A | Premium: 10% off of retail (In-network only) | Premium: 10% off of retail (In-network only) | N/A | N/A |
| Contact Lens Allowance Unused Funds | N/A | N/A | Forfeited | Forfeited | N/A | N/A |
| Lasik Benefit | \$200 Retail Allowance | \$200 Retail Allowance | Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers. | Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers. | \$200 Retail Allowance | \$200 Retail Allowance |
| Exam Frequency | 12 Months | 12 Months | 12 Months | 12 Months | 12 Months | 12 Months |
| Lens Frequency | 12 Months | 12 Months | 12 Months | 12 Months | 12 Months | 12 Months |
| Frames Frequency | 24 Months | 12 Months | 24 Months | 12 Months | 24 Months | 12 Months |
| Contacts + Glasses in Same Benefit Period | N/A | N/A | N/A | N/A | N/A | N/A |
| COST | | | | | | |
| Employee Only | \$6.36 | \$8.11 | \$6.04 | \$7.70 | \$5.91 | \$7.54 |
| Employee + 1 | \$10.85 | \$13.80 | \$10.30 | \$13.10 | \$10.09 | \$12.83 |
| Employee + 2 | \$15.95 | \$20.30 | \$15.15 | \$19.28 | \$14.83 | \$18.88 |
| Estimated Monthly Premium | \$476.42 | \$2,037.05 | \$452.43 | \$1,934.26 | \$442.84 | \$1,894.16 |
| Estimated Annual Premium | \$5,717.04 | \$24,444.60 | \$5,429.16 | \$23,211.12 | \$5,314.08 | \$22,729.92 |
| Effective Date | 9/1/2024 | | 9/1/2025 | | 9/1/2025 | |
| Rate Guarantee | N/A | | 2 Years | | 4 Years | |