



	Vision	Vision Plus
Exam	\$20 copay	\$0 copay
Frame	\$130 allowance	\$180 allowance
Contact Lens	\$130 allowance	\$180 allowance
Standard Progressives	\$50 copay	\$0 copay
Premium Progressives	Tier 1: \$80 copay Tier 2: \$90 copay Tier 3: \$105 copay Tier 4: \$175 copay	Tier 1: \$50 copay Tier 2: \$60 copay Tier 3: \$75 copay Tier 4: \$145 copay
Frequencies: Exam Lens: under 19 Lens: 19+ Frames	Once every 12 months Once every 12 months Once every 24 months Once every 24 months	Once every 12 months Once every 12 months Once every 12 months Once every 12 months

2023 Bi-weekly Vision Contributions	
Vision	Vision Plus
\$0.48 - Employee Only	\$0.97 - Employee Only
\$1.60 - Family	\$3.22 - Family