

COMPARISON OF BENEFITS FOR VISION PLANS

| Covered Services | Primary Vision Care Services | | Superior Vision | |
|--------------------------------|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Eye Exams | \$0 copay No limit to frequency | Plan pays up to \$40 Limit one exam | \$10 copay | Plan pays: \$34 Ophthalmologist \$26 Optometrist |
| Lenses Per Pair | You pay wholesale cost No limit to number of pairs | You pay normal doctor's fees, reimbursed up to \$60 for one set of lenses and frames annually | \$25 copay Standard Progressive: \$25 copay Refer to "Vision Plan Notes" after this chart | Plan pays: Single up to \$26 Bifocals up to \$39 Trifocals up to \$49 Lenticular up to \$78 Standard Progressive: Up to \$49 |
| Frames | You pay wholesale cost No limit to number of frames | You pay normal doctor's fees, reimbursed up to \$60 for one set of lenses and frames per year | \$25 copay then plan pays up to \$125 retail | Plan pays up to \$68 |
| Contact Lenses | You pay wholesale cost for annual supply of contacts | Limit of one set annually in lieu of eyeglasses You pay normal doctor's fees reimbursed up to \$60 | Plan pays up to \$120 all contacts Medically necessary contacts covered in full (Contact lens fit copay: Standard \$25, after copay, covered in full; specialty \$25, after copay, plan pays up to \$50) | Plan pays up to \$100 all contacts; \$210 medically necessary (Contact lens fit copay: Standard not covered; specialty not covered) |
| Laser Vision Correction | Discount at nJoy Vision Extra savings between June 1 - Sept. 30, 2017 | No benefit | 5-50% discount off surgical fees | No benefit |

Plan changes are indicated by **bold text**.
For more information or details, contact each vision plan directly.

COMPARISON OF BENEFITS FOR VISION PLANS

| Covered Services | Vision Care Direct | | Vision Service Plan (VSP) | |
|--------------------------------|--|---|--|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Eye Exams | \$15 copay for full comprehensive exam including dilation | Plan pays up to \$40 | \$10 copay | \$10 copay then plan pays up to \$35 |
| Lenses Per Pair | \$15 copay Single, bifocals, trifocals and no-line progressive lenses covered in full Anti-reflective, UV and poly-carbonate lenses are covered in full | Plan pays up to: \$30 single \$45 bifocals \$55 trifocals \$75 lenticular | \$25 copay applies to lenses or frame Single vision, lined bifocal and trifocal lenses covered in full Average 35-40% discount on lens options | \$25 copay then plan pays: Single up to \$25 Bifocals up to \$40 Trifocals up to \$55 Lenticular up to \$80 |
| Frames | \$0 copay \$130 frame allowance each year | Plan pays up to \$35 | \$25 copay then plan pays up to \$150 | \$25 copay then plan pays up to \$45 |
| Contact Lenses | \$130 allowance for conventional and disposable lenses \$250 allowance for medically necessary contacts | \$80 allowance for conventional, disposable and medically necessary contacts | Plan pays up to \$120 conventional or disposable; Medically necessary contacts covered in full | Plan pays up to \$105 conventional or disposable; \$210 medically necessary contacts |
| Laser Vision Correction | Up to \$1,000 off | No benefit | 15% average off usual and customary price or 5% off the laser center's promotional price | No benefit |

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