

Choosing Vision Coverage that Fits

Feature	VBA Provider Or Non-VBA Provider if non available within 35 miles	Non-VBA Provider
Eye Exam	Plan pays 100%	Plan pays up to \$40
Eyeglass Lenses and/or Frames (one time per year)	You pay \$20 copay, then plan pays 100%	Plan pays \$40 to \$100, depending on lens or frame type
Cosmetic Contact Lenses (in lieu of glasses)	Plan pays up to \$175 allowance toward the total cost	Plan pays up to \$175 allowance toward the total cost
LASIK Eye Surgery	Up to \$250 allowance toward the total cost on both eyes once every eight years	Up to \$250 allowance toward the total cost on both eyes once every eight years

Monthly Vision Premiums

Coverage Level	VBA Option
You only	\$7.95
You + Spouse/DP	\$13.81
You + Child(ren)	\$13.81
You + Family	\$20.47

Choose Your Care Wisely



While we offer one vision plan, the provider you see matters! You pay less if you see a VBA provider.*

*Unless there is no VBA provider within a 35-mile radius of your location.