

# Hospitality Health Insurance Trust

## 2026 Vision Plans

Benefit Summary	EyeMed Materials-Only Plan	EyeMed Network Plan	VSP Network Plan	No-network Plan	No-network Materials-only Plan	
	In-network/Out	In-network/Out	In-network/Out	In-network/Out	In-network/Out	
Benefit frequencies	Contacts or eyeglass lenses and frame every 12 months	Exam every 12 months, contacts or eyeglass lenses every 12 months, frame every 24 months		N/A	N/A	
Annual deductible	None	\$10 exam, \$25 materials	\$10 exam, \$25 materials	None	None	
Annual eye exam	No benefit, materials-only coverage	100% / up to \$35	100% / up to \$45	Members will be reimbursed up to \$200 for eligible vision expenses including exams, eyeglasses and contacts	No benefit, materials-only coverage	
Single vision lenses	100% / up to \$25		100% / up to \$30		Members will be reimbursed up to \$200 for eligible vision materials including eyeglasses and contacts	
Bifocal lenses	100% / up to \$40		100% / up to \$50			
Trifocal lenses	100% / up to \$55		100% / up to \$65			
Lenticular lenses	20% discount / no benefit		100% / up to \$100			
Frames	\$130 / \$65		\$130 / \$70			
Contacts elective	\$130 / \$104		\$130 / \$105			
Contacts medically necessary	100% / \$200		100% / \$210			
Contact fit & follow up exam	No benefit, materials-only coverage	Member cost up to \$55 / no benefit	15% discount / no benefit			No benefit, materials-only coverage

\*\*This material is intended for informational purposes only for specific plan details, please reference plan summaries\*\*

## Member in-network discounted lens option cost (may vary by prescription, option chosen and retail location)

Benefit Summary	EyeMed Materials-only Network Plan	EyeMed Network Plan	VSP Network Plan	No-network Plan	No-network Materials-only Plan
Std. Polycarbonate	\$40		100% children / \$33 adults		No discounts— Eyeglass lens options such as coating are not reimbursable under this plan.
Scratch Resistant	\$15		\$17 - \$33		
Anti-reflective coating	\$45		\$43 - \$85		
Ultraviolet	\$15		\$16		
Tint	\$15		\$15 - \$17		

**LASIK benefits are included in all vision plans. Enjoy a \$250 lifetime maximum (\$125 per eye) with no network restrictions.**

All rates are valid for policies with an effective date through Dec 31, 2026.

Employee participation requirements: minimum 3 lives

Employer Paid Benefit	EyeMed Material only Network Plan	EyeMed Network Plan	VSP Network Plan	No-network Plan	No-network Materials-only Plan
	Plan 2	Plan 3	Plan 4	Plan 1	Plan 9
Employee	\$4.02	\$6.17	\$6.51	\$4.93	\$4.02
Employee + spouse	\$9.45	\$13.10	\$13.76	\$11.61	\$9.45
Employee + child(ren)	\$7.92	\$10.90	\$11.24	\$9.69	\$7.92
Employee + family	\$13.34	\$17.82	\$18.49	\$16.37	\$13.34

Voluntary plans may be set to align with the Section 125 plan year.

Voluntary Plan Monthly Rates – effective 1/1/2025 – employee pays the full cost of coverage  
Employee participation requirements: VSP and EyeMed plans all eligible employees, Vision Perfect minimum 60%

Employee Paid Benefit	EyeMed Materials-only Network Plan	EyeMed Network Plan	VSP Network Plan	No-network Plan	No-network Materials-only Plan
	Plan 6	Plan 7	Plan 8	Plan 5	Plan 10
Employee	\$5.80	\$8.50	\$8.87	\$7.17	\$5.80
Employee + spouse	\$11.61	\$16.37	\$17.08	\$14.35	\$11.61
Employee + child(ren)	\$9.95	\$13.89	\$14.22	\$12.31	\$9.95
Employee + family	\$15.75	\$21.76	\$22.43	\$19.48	\$15.75

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## Your VSP vision plan

VSP offers the nation's largest network of independent providers. 86% of VSP doctors offer early morning, evening or weekend appointments, and 24-hour access to emergency care. Find VSP network providers at [vsp.com](http://vsp.com).



[Eyeconic.com](http://eyeconic.com) is VSP's in-network online eyewear store. Vision benefits are applied directly to the online order.

**VSP provider discounts.** Take advantage of 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options. Find more ways to save at [vsp.com/specialoffers](http://vsp.com/specialoffers).

Based on applicable laws, reduced costs may vary by doctor location.

**No claim form.** When you visit a VSP provider, your claim form is submitted for you.

**LASIK or PRK.** 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, through a VSP provider.

Out-of-network benefits. Walmart and Sam's Club will file your claim for you, but your benefit amount will be higher if you visit a VSP network provider.

## Your EyeMed vision plan

Five of the top six national retail chains accept EyeMed, including LensCrafters, Pearle Vision and Target Optical. Find EyeMed network providers at [eyemed.com](http://eyemed.com).



Browse and buy online at [contactsdirect.com](http://contactsdirect.com) and [glasses.com](http://glasses.com). At checkout, each site applies the plan benefit then shows the remaining cost.

**EyeMed provider discounts.** Take advantage of 20% off the remaining frame balance, materials not covered by the plan, and nonprescription sunglasses.

Based on applicable laws, reduced costs may vary by doctor location.

**No claim form.** When you visit an EyeMed provider, your claim form is submitted for you.

**LASIK or PRK.** 15% off retail price, or 5% off promotional price, for LASIK or PRK with U.S. Laser Network owned by LCA-Vision.

**Extended hours.** EyeMed providers are open an average of 10 evening hours and 12 weekend hours each week.

**Set your sights on perfect vision. All plans include LASIK benefits. Enjoy a \$250 lifetime maximum, up to \$125 per eye, with no network restrictions.**

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## Vision limitations/exclusions

Covered Expenses will not include and no benefits will be payable for expenses incurred for:

### Limitations for all plans

- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.

### Limitations for Plan(s) 1, 5, 9, 10

- examinations performed or frames or lenses ordered before the member was covered under the eye care expense benefits.
- subject to extension of benefits, any examination performed or frame or lens ordered after the member's coverage under the eye care expense benefits ceases.
- sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- non-prescription lenses.
- replacement or repair of lost or broken lenses or frames except at normal intervals.
- any eye examination or corrective eyewear required by an employer as a condition of employment.
- medical or surgical treatment of the eyes.
- any service or supply not shown on the Schedule of Eye Care Procedures.
- coated lenses; oversize lenses (exceeding 71mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.

### Limitations for no-network plans and EyeMed plans that cover exams and materials

- vision examinations more than the frequency as indicated on the plan summary page

### Limitations for no-network plans and EyeMed plans that cover materials only

- vision examinations.

### Limitations for all EyeMed plans

- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
  - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
  - high Ametropia exceeding -12 D or +9 D in spherical equivalent.
  - anisometropia of 3 D or more.
  - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance.

Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.

- orthoptics or eye care training and any associated testing.
- planonon-prescriptionlensesandnon-prescriptionsunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.

The VSP plans have the following limitation:

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

The VSP plans to not cover

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.

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