

	No-network Plan	EyeMed Materials-Only Network Plan	EyeMed Network Plan	VSP Network Plan	No-network Materials-Only Plan	EyeMed Enhanced	VSP Enhanced
	Plan 1	Plan 2 In-Network/Out	Plan 3 In-Network/Out	Plan 4 In-Network/Out	Plan 5	Plan 6 In-Network/Out	Plan 7 In-Network/Out
Benefit frequencies	N/A	Contacts or eyeglass lenses & frame every 12 months	Exam every 12 months; contacts or eyeglass lenses every 12 months; frame every 24 months	Exam every 12 months; contacts or eyeglass lenses every 12 months; frame every 24 months	N/A	Exam every 12 months; contacts or eyeglass lenses every 12 months; frame every 12 months	Exam every 12 months; contacts or eyeglass lenses every 12 months; frame every 12 months
Annual deductible	None	None	\$10 exam, \$25 materials	\$10 exam, \$25 materials	None	\$0 exam, \$0 materials	\$0 exam, \$0 materials
Annual eye exam		No benefit — materials-only coverage	100% / up to \$35	100% / up to \$45	No benefit — materials-only coverage	100% / up to \$35	100% / up to \$45
Single vision lenses		100% / up to \$25	100% / up to \$25	100% / up to \$30		100% / up to \$25	100% / up to \$30
Bifocal lenses		100% / up to \$40	100% / up to \$40	100% / up to \$50		100% / up to \$40	100% / up to \$50
Trifocal lenses		100% / up to \$55	100% / up to \$55	100% / up to \$65		100% / up to \$55	100% / up to \$65
Lenticular lenses		20% discount / no benefit	20% discount / no benefit	100% / up to \$100		20% discount / no benefit	100% / up to \$100
Frames		\$130 / \$65	\$130 / \$65	\$130 / \$70		\$180 / \$90	\$180 / \$90
Contacts (elective)		\$130 / \$104	\$130 / \$104	\$130 / \$105		\$180 / \$144	\$180 / \$144
Contacts (medically necessary)		100% / \$200	100% / \$200	100% / \$210		100% / \$90	100% / \$210
Contact fit & follow-up exam		No benefit (materials-only)	Member cost up to \$55 / no benefit	15% discount / no benefit	No benefit (materials-only)	Member cost up to \$55 / no benefit	15% discount / no benefit
Ameritas LASIK benefit	\$125 benefit per eye						
Carrier LASIK benefit		15% off retail price	15% off retail price	15% off retail price		15% off retail price	15% off retail price

Monthly Rates — All rates valid for policies with effective dates through Dec 31, 2027

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
EE	\$5.16	\$4.20	\$6.44	\$6.80	\$4.20	\$7.84	\$8.28
ES	\$12.16	\$9.88	\$13.68	\$14.36	\$9.88	\$16.96	\$17.80
EC	\$10.16	\$8.28	\$11.40	\$11.76	\$8.28	\$13.96	\$14.40
EF	\$17.12	\$13.96	\$18.64	\$19.36	\$13.96	\$23.00	\$23.89