



Businesses with ten eligible members and a minimum of two enrollees can now add vision options. Must be coupled with a PMBMed Program.



\$150 allowance per year for frames, lenses, and/or contacts



No network requirements. You are free to choose any licensed provider



\$10 eye health exam



Copays waived for all services rendered at wholesale clubs, such as Costco Vision Center or Sam's Club



## Coverage

Vision Service	Copay	
Eye health exam	\$10	
Contact evaluation	+ \$10	
Spectacle lens evaluation	+ \$10	
Anti-reflective coating	+ \$35	
Progressive Lenses	+ \$10	

## **Pricing**

Member	Member	Member	Member
	+Spouse	+Child(ren)	+Family
\$11.25	\$17.50	\$17.50	\$34.75

Add Vision during the enrollment process.

Already a member and wish to add Vision? Contact us via your member portal.

Rates listed are per month. Your plan will pay up to \$150 annually for all vision services per member. There are no network limitations for our standard vision plan. You can visit any licensed provider of your choosing.