

Vessey & Company, Inc.
Vision Plan
Summary of Benefits
Open Network

BENEFIT	DESCRIPTION	U.S. COPAY	Mexico COPAY
Well Vision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$10	\$5
Prescription Glasses		\$25	\$10
Frames	<ul style="list-style-type: none"> \$130 allowance for wide selection of frames 20% savings on the amount over your allowance \$70 Costco frame allowance Every 24 months 	Included in prescription Glasses	Included in prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Included in prescription Glasses	Included in prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Every 12 months 	\$50 \$90 \$160	\$50 \$80 \$120
Contacts (Instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copays does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60	Up to \$60
Extra Savings	Retinal Screening <ul style="list-style-type: none"> No more than \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off 		

Coverage/Frequency	Stateside	Mexico
Prescription Frames/Contacts (Every 24 Months)	\$130.00 Allowance & 20% off Balance	\$135.00 Allowance & 20% off Balance
Examination (Every 12 Months)	\$10 co-pay	\$5 co-pay
Lenses (1 Pair/Every 12 Months)	\$25 co-pay	\$10 co-pay
Contact Fitting	\$60 Co-Pay	\$60 Co-Pay
Single Vision, Bifocal, Trifocal, Lenticular	Included	Included
Additional Benefit	LASIK Discounts & Lens Enhancement Discounts	LASIK Discounts & Lens Enhancement Discounts

This is an Open Network Plan, meaning you can obtain services from Provider of Choice but claims will be paid according to the above Benefits.

Please call your TWIA customer service department at (800) 221-8942 for further information.

Note: This outline is for use as a reference only and is a summary of available benefits. It is not a contract. All benefits referenced are subject to any applicable exclusions and/or limitations in your Transwestern Insurance Summary Benefits Description and member eligibility at the time services are rendered.