

# VISION INSURANCE COMPARISON

IUE RN, IUE S&T and SEIU S&T

January 1, 2026



Vision Services Plan (VSP)			
	Bronze Plan	Silver Plan	Gold Plan
Network	VSP Choice	VSP Choice	VSP Choice
Annual Deductible	No deductible		
Preventative			
Vision Exams	\$10 copay	100% Covered	100% Covered
Prescription Glasses	\$25 copay	\$25 copay	\$25 copay
Frame	\$130 frame allowance\ \$150 featured frames allowance Available every other year Included in above copay	\$150 frame allowance \$170 featured frames allowance Included in above copay	\$200 allowance for frames \$220 featured frames allowance Included in above copay
Lenses	Single vision, lined bifocal and lined trifocal. Polycarbonate Lenses for children Every calendar year; Included in above copay		
Lens Enhancements	Scratch Resistant Coating; \$17 - \$33 Standard Progressive Lenses: \$0 copay Premium / Custom Progressive Lenses: \$95 - \$175 copay Anti-reflective coating: \$41 - \$85 copay	Scratch Resistant Coating: \$0 copay Standard Progressive Lenses: \$0 copay Premium/Custom Progressive Lenses: \$50 copay Anti-reflective coating: \$41 - \$85 copay	Scratch Resistant Coating: \$0 copay Standard Progressive Lenses: \$0 copay Premium/Custom Progressive Lenses: \$25 copay Anti-reflective coating: \$25 copay
Light Care-ready made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses	\$130 allowance (in lieu of prescription glasses or contacts)	\$150 allowance (in lieu of prescription glasses or contacts)	\$200 allowance (in lieu of prescription glasses or contacts)
Contact Lenses (Instead of Glasses)	Up to \$60 copay	Up to \$60 copay	Up to \$60 copay
Contact Lenses	\$130 allowance for contacts Contact lens fitting (fitting and evaluation) Every calendar year Included in above copay	\$150 allowance for contacts Contact lens fitting (fitting and evaluation) Every calendar year Included in above copay	\$200 allowance for contacts Contact lens fitting (fitting and evaluation) Every calendar year Included in above copay
Diabetic Eyecare Plus Program	\$20 copay	\$20 copay	\$20 copay
Diabetic Eyecare Plus Program	Services related to diabetic eye disease, glaucoma, and age-related macular degeneration. Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply.		
Extra Savings			
Glasses and Sunglasses	20% savings on additional glasses and sunglasses		
Retinal Screening	No more than a \$39 copay on routine retinal screening		
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities		
Provider Expansion	Walmart and Costco frame allowance \$130	Walmart and Costco frame allowance \$150	Walmart and Costco frame allowance \$200
	Biweekly Rates		
Full Time	Bronze Plan	Silver Plan	Gold Plan
Team Member Only	\$0.23	\$1.08	\$4.97
Two Person	\$2.77	\$6.89	\$13.42
Family	\$6.68	\$10.89	\$23.73
Part Time			
Team Member Only	\$1.15	\$2.00	\$5.89
Two Person	\$3.69	\$7.81	\$14.34
Family	\$7.60	\$11.82	\$24.65

This is a summary of **in-network** benefits provided by each carrier. Please refer to the Summary Plan Description for detailed information. Should any questions arise, contracts in effect will take precedence.