

VISION INSURANCE COMPARISON

MNA PECSH & MNA Home Care RN

January 1, 2026



Vision Services Plan (VSP)			
	Bronze Plan	Silver Plan	Gold Plan
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	Not Available	\$1.08	\$4.97
Two Person	Not Available	\$6.89	\$13.42
Family	Not Available	\$10.89	\$23.73
Part Time			
Team Member Only	Not Available	\$1.08	\$4.97
Two Person	Not Available	\$6.89	\$13.42
Family	Not Available	\$10.89	\$23.73

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. COBRA rates are available at benefits.umhinsider.org.