

Vision Insurance Comparison

VSP Choice

UAW, UMH-Clinton RN, and

MNA Home Care Rehab

January 1, 2027

Care Coverage Comparison Summary

VSP Choice is our network for our vision insurance plans. There are no deductibles.

Plan Highlights	Bronze Plan	Silver Plan	Gold Plan
Preventive Exam	\$10 copay	100% covered	100% covered
Contact Lenses Exam	\$60 copay	\$60 copay	\$60 copay
Essential Medical Eye Care*	\$20	\$20	\$20

*Essential medical eye care includes services related to diabetic eye disease, glaucoma, age-related macular degeneration, etc. Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply.

Material Coverage Comparison Summary

One frame or contact lens allowance per covered period – additional orders 20% discount.

Coverage Highlights	Bronze Plan	Silver Plan	Gold Plan
Frame Coverage Frequency	Every Other Year	Annually	Annually
Materials Copay	\$25	\$25	\$25
Frame Allowance (Retail)	\$130	\$150	\$200
Frame Allowance (Featured Brands)	\$150	\$170	\$220
Contact Lenses Allowance	\$130	\$150	\$200
Blue-Light Filtering & Sunglasses Allowance (non-prescription)	\$130	\$150	\$200

Biweekly Premium Rates

Full-Time Coverage Level	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 Coverage Level	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

This is a summary of benefits. Refer to [Benefits.UMHInsider.org](https://www.benefits.umhinsider.org) for plan details. If questions arise, insurance contracts in effect will take precedence.