

**CSEBO VISION INSURANCE  
PPO COMPARISON  
EFFECTIVE 7/1/2023 - 12/31/2023**



GENERAL PLAN INFORMATION		BASE		ENHANCED BUY-UP	
Service Frequencies		In-Network	Out-of-Network	In-Network	Out-of-Network
Exam Every	12 Months	12 Months	12 Months	12 Months	12 Months
Lenses Every	12 Months	12 Months	12 Months	12 Months	12 Months
Frame Every	24 Months	24 Months	24 Months	12 Months	12 Months
Benefits					
Copays	\$10	\$10	\$10	\$10	\$10
Examination	Covered After Copay	Up To \$45	Covered After Copay	Up To \$45	Up To \$45
Prescription Glasses					
Coverage	Contacts <b>OR</b> Glasses		Contacts <b>AND</b> Glasses		
Frame Allowance	\$150	Up To \$70	\$250	Up To \$70	
Elective Contact Allowance	\$150	Up To \$90	\$250	Up To \$105	
Lenses					
Single Vision	Covered After Copay	Up To \$30	Covered After Copay	Up To \$30	
Lined Bifocal	Covered After Copay	Up To \$50	Covered After Copay	Up To \$50	
Lined Trifocal	Covered After Copay	Up To \$65	Covered After Copay	Up To \$65	
Lense Enhancements (Negotiated Member Share Savings of 20-25%) <sup>1</sup>					
Anti-Reflective Coatings	\$41 - \$85	Provider Rate	\$40 copay <sup>2</sup>	Provider Rate	
Custom Progressive Lenses	\$150 - \$175	Provider Rate	\$150 - \$175	Provider Rate	
Edge Polish	\$36	Provider Rate	\$36	Provider Rate	
High Index Lenses	\$50 - \$125	Provider Rate	\$50 - \$125	Provider Rate	
Light-Reactive Lenses	\$75	Provider Rate	\$75	Provider Rate	
Polarized Lenses	\$57 - \$101	Provider Rate	\$57 - \$101	Provider Rate	
Impact-Resistant Lenses	\$31 - \$35	Provider Rate	\$31 - \$35	Provider Rate	
Premium Progressive Lenses	\$95 - \$105	Provider Rate	\$95 - \$105	Provider Rate	
Scratch-Resistant Coating	\$17 - \$33	Provider Rate	\$17 - \$33	Provider Rate	
Standard Progressive Lenses	\$55	Provider Rate	\$55	Provider Rate	
Tinted (Colored) Lenses	\$15 - \$17	Provider Rate	\$15 - \$17	Provider Rate	
UV Protection	\$16	Provider Rate	\$16	Provider Rate	

<sup>1</sup>Costco Optical pricing already includes member savings.

<sup>2</sup>Costco Optical pricing may vary.

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

To access the Uniform Glossary of Health Coverage and Medical Terms, please visit: <http://www.csebo.net/Resources/Uniform-Glossary>.