



Fellows Summary of Benefits

Children's National offers an extensive benefits package to employees. Below you will find a summary of the benefits offered.

Disclaimer: This summary provides highlights of some of your Children's National benefit plans. This summary is not intended to provide detailed descriptions of plans. Details are contained in the official Plan documents and contracts. If there is any discrepancy between those documents/contracts and this summary, the official Plan documents will govern.

Children's National reserves the right to change or terminate its benefits plans at any time and for any reason. Participation in these plans is not a guarantee of continued employment.

Benefits Eligibility

Employees: All residents and fellows are eligible for benefits.

Dependents: Eligible dependents can be spouse or domestic partner, dependent children under age 26, and disabled children.

Dependent Documentation: Acceptable documentation includes: birth certificate, adoption agreement, marriage certificate, and/or court order documents. Proof of disability is required to enroll a disabled child age 26 or older. Must submit documentation to the Benefits Department within 30 days of your hire date.

Time Off

Vacation Leave: Fellows will receive twenty (20) days of paid vacation time per training year which will be front loaded by Human Resources. Vacation must be requested by fellow and approved by the Program Director and/or Division Chief. Vacation balances do not carry forward into the next contract year, and there is no payout for unused vacation leave at the end of the training period.

Sick Leave: Fellows will accrue twelve (12) days of sick leave per year, including 7 days of for the Accrued Sick and Safe Leave Act (ASSLA), as outlined in the Children's National policy and procedure on Sick Leave (F-06, F-06P) that are available on the Intranet

Parental Leave: Eligible fellows will receive up to 12 weeks of 100% paid maternity, paternity, or adoption leave, as outlined in the Children's National policy and procedure on Paid Parental Leave (G-12, G-12P) that are available on the Intranet.

As a new hire, you must enroll in benefits within 30 days of your hire date. The benefits you elect will become effective the first day of the month following your hire date. If you do not enroll within 30 days of your hire date, you will only be enrolled in Basic Life and AD&D, and Long-Term Disability.

Health Plans

Bear Advantage PPO Consolidated Plan (Aetna Choice POS II)

A PPO gives you the freedom to choose any provider when you need care. You pay less and there are no claim forms to file when you use a provider in the PPO's network. If you meet your out-of-pocket maximum during a calendar year, the plan pays 100% of your remaining eligible expenses up to the allowed amount.

Bear High Deductible Health Plan with Health Savings Account (HSA)

The Bear High Deductible Health Plan with HSA uses a network of providers, just like the PPO plan, but the way you can pay for your care and prescription drugs is different. In addition, the cost of participating in this plan is significantly lower than the cost for other health coverage offered by Children's.

The Bear High Deductible Health Plan includes four components:

- 100% coverage for preventative care in-network
- Deductible for all other services
- Plan coverage (in- and out-of-network)
- [Health Savings Account \(HSA\)](#)

Benefits of an HSA

- It's a type of savings account for eligible medical and prescription expenses. (For coverage of eligible dental and vision plans, see the Limited Flexible Spending Account (LFSA).
- Money you contribute to this account will be automatically deducted from your pay on a pre-tax basis each pay period
- The money in your account can grow with investment earnings on a tax-free basis
- Unlike the flexible spending accounts, any money you have left in the account at the end of the year can be rolled over to the next year
- You can roll the money over to a new health savings account or take the money with you if you leave Children's National
- You can use the money you have saved over time to help pay for any health care expenses whenever you need it. You won't have to pay taxes on any of the money you withdraw if you use it for qualified health care expenses.

HSA Enrollment

When you enroll, you can elect the HSA and the amount you wish to contribute. Your contributions will be deducted from your pay in equal installments over the course of the year, tax free.

For 2022, the IRS maximums annual HSA contribution for an individual (Employee Only) is \$3,650 and \$7,300 for family coverage. Catch-up contributions for participants who are age 55 or older will remain at \$1,000.

For 2023, the IRS maximums annual HSA contribution for an individual increased by \$200 to \$3,850 and by \$400 to \$7,700 for family coverage. Catch-up contributions for participants who are age 55

or older will remain at \$1,000.

Bear Select HMO (Aetna HMO)

With an HMO, all care must be received from doctors and hospitals who participate in that HMO network. If you receive care from a provider who does not belong to the HMO, it's not covered. There is one exception - emergency care. In addition, you must select a primary care physician (PCP) within the HMO who is responsible for managing all of your care.

HMO coverage includes:

- No deductible
- Hospital services covered in full
- Most other services, including office visits and prescription drugs covered in full after a co-payment
- An annual out-of-pocket maximum limit on the amount you have to pay for covered services for the calendar

Kaiser Permanente HMO Plan

Kaiser is a one stop shop. All services including prescriptions should be handled at a Kaiser location.

HMO coverage includes:

- No deductible
- Hospital services covered in full
- Most other services, including office visits and prescription drugs covered in full after a co-payment
- An annual out-of-pocket maximum limit on the amount you have to pay for covered services for the calendar year.

Dental Plans:

Delta Dental

Delta Dental plans allow you to see any dentist, and you save time and money when you see a Delta Dental PPO network dentist because there are no claim forms to file and your dentist accepts the negotiated rate. If you see a non-network dentist, your out-of-pocket costs will be higher.

Dental Plan Options

- Delta Dental PPO plus Premier Standard Plan
- Delta Dental PPO plus Premier Enhanced Plan

Dental options cover:

- Preventative Care such as exams, routine x-rays, and cleanings
- Basic Care such as fillings, simple extractions, endodontics and periodontics
- Major Care such as crowns, bridges, dentures, inlays and onlays

Vision Plans

With a Vision Service Plan (VSP), you have coverage for eye exams, prescription glasses, and

contact lenses. You also are eligible for discounts on laser vision corrective surgery. The plan is built around a network of vision care providers. If you see an out-of-network provider, you must pay out-of-pocket and file a claim for reimbursement.

Coverage amounts for both VSP plans are listed below. **Note that benefits for eye exams and prescription lenses are covered once a year.**

Flexible Spending Accounts

How FSAs Work

FSAs save you money. When you use an FSA to pay for eligible expenses, it's like buying these items "on sale." Log on to www.payflex.com to view a list of common eligible expenses and other helpful FSA tools.

There are two kinds of FSAs:

- Medical FSA** for eligible out-of-pocket healthcare costs
- Dependent Care FSA** for eligible dependent care expenses you have while you work.

You choose whether you want to contribute to one or both FSAs. It works like this:

1. You decide how much you want to contribute for the calendar year.
2. Your contributions are taken out of your paychecks in equal amounts before taxes each payday.
3. When you incur healthcare or dependent care expenses, you are reimbursed from your account.

FSA Rules, established by the IRS:

Remember that certain IRS rules apply to FSA accounts. FSA accounts are designed as 'use it or lose it' plans, so you want to carefully estimate what your health care and dependent care expenses will be for the year.

1. For the calendar year 2023, all claims should be incurred between January 1, 2023, and March 15, 2024, (a full 14 1/2 months) to be reimbursed from your 2023 FSA account.
2. You must file all claims by May 15, 2024.
3. You forfeit any money that remains in your FSA after the deadline.
4. The two FSAs are separate; you cannot transfer money from the Medical FSA to the Dependent Care FSA, or vice versa.

Other Benefits

The Hartford - Basic Life, Accidental Death & Dismemberment & Long Term Disability

Contact The Hartford at www.thehartford.com or 1-800-752-9713.

As a Children's National employee, you automatically receive basic life, accidental death and dismemberment insurance (AD&D), and long-term disability insurance at no cost to you.

Life insurance provides benefits upon death. AD&D insurance provides benefits if you die or suffer a covered loss as the result of an accident. Long-term disability insurance may cover you if your illness or injury continues beyond three months.

Basic Life Insurance:

Staff Level	Coverage	Maximum
Fellows	2 times annual salary	\$200,000

Long Term Disability:

Staff Level	Coverage	Maximum
Fellows	70%	\$10,000 per month

LTD Resources:

[How to Submit LTD Claims](#)

[LTD Application](#)

As a Children's National employee, you automatically receive long-term disability insurance at no cost to you. Long-term disability insurance may cover you if your illness or injury continues beyond three months. You are eligible to participate in long-term disability insurance after you have been continuously employed by Children's National for six months.

The Hartford Supplemental Life and Dependent Life Insurance Plans

Contact The Hartford at www.thehartford.com or 1-800-752-9713.

The cost of supplemental life insurance for you and your spouse depends on your age. Your premiums change as your age increases.

Supplemental Employee Life Insurance

You can add to your basic life insurance by purchasing supplemental employee life insurance. Supplemental employee life insurance is available in \$10,000 increments up to a maximum benefit of five times your annual earnings or \$500,000, whichever is less.

Spousal Life Insurance

If you elect supplemental employee life insurance for yourself, you also may elect life insurance for your spouse. Coverage for your spouse is available in \$5,000 increments, up to a maximum benefit of \$250,000.

Dependent Life Insurance

If you elect supplemental employee life insurance for yourself, you also may elect life insurance for your dependent children under the age of 26. Coverage for your dependent children is available in amounts of \$5,000 or \$10,000.

Short-Term Disability Plans

The Hartford Short-Term Disability Income (STD) Plan

Contact The Hartford STD at www.thehartford.com or 1-888-899-1915.

Short-term disability has two options: 60% (weekly benefit amount of \$2,310) and 50% (weekly benefit amount of \$1,950). New hires must enroll within your first 30 days of employment or during annual open enrollment. Please note there is a 30-day waiting period before your benefit becomes effective.

UNUM Short Term Disability

Contact UNUM at www.enrollvb.com/cnmc or 1-877-454-3001.

This option replaces up to 60 percent of your income in the event of a qualified sickness or injury that keeps you from working. The maximum monthly benefit is \$5,000. Your income benefit is payable for three months, all monthly benefits are received income tax free. You have two options for enrolling in STD:

- Apply within your first 30 days of employment
 - If you apply now and have pre-existing medical conditions, you could be denied. If your application is denied, you will not be able to apply during the annual enrollment period
 - If you don't have a pre-existing medical condition and want to apply, call 1-800-650-6118.
- Enroll Later
 - If you enroll later during the annual enrollment period, your coverage will be approved whether or not you have a pre-existing condition.

AFLAC - Hospital Protection

Contact AFLAC at www.aflac.com/childrensnational or jeanclaude_fresneljr@us.aflac.com at 202-558-6142.

AFLAC provides the Hospital Choice Plan, a hospital confinement indemnity plan that pays covered persons a cash benefit, independent of other insurance coverage, for experiencing a confinement for 23 hours or more due to sickness or injury. Aflac will pay \$500 - \$5,000 when a covered person requires Hospital Confinement for 23 or more hours for a covered sickness or injury and a room charge is incurred. This benefit is payable once per calendar year, per covered person.

Aflac will also pay a covered person a cash benefit of one hundred dollars (\$100) per day when the covered person is hospitalized and transferred to a rehabilitation facility due to a covered sickness or injury. Aflac will pay \$100 day when a covered person is confined in a Hospital and is transferred to a room in a Rehabilitation Facility for treatment of a covered sickness or injury and a charge is incurred each day for such treatment.

Apply within your first 60 days of employment.

Free Will - Estate Guide Program

This service helps you create a simple legal will quickly and conveniently online, with the support of licensed attorneys if needed. It can save you the time and expense it would take to create a will with a private attorney. Creating your will online is just a few simple steps away:

1. Access The Hartford's Estate Guidance service online at www.EstateGuidance.com/wills.
2. Sign in to the secure site by entering the access code HFD3543.
3. Follow the instructions and create your will.
4. Download the final will to your computer and print.
5. Obtain signatures and determine if your will should be notarized.

When creating your will, Estate Guidance gives you the option to save a draft of your will for up to six months. Revisions to the will can be made during this period at no cost to you, provided you have not already printed or downloaded your will.

Everest Funeral Planning and Concierge Service

Your Basic Life insurance policy through The Hartford provides 24/7 funeral planning assistance from Everest. You and your family (spouse/partner and children under age 25) are entitled to:

- 24/7 Advisor Planning Assistance: assistance with funeral planning issues and help creating a funeral plan. A senior advisor can gather pricing information and present in an easy-to-read format, negotiate funeral service pricing, and help compare prices of caskets and other products.
- Everest Price Finder: detailed, local funeral home price comparisons available on demand via the website www.everestfuneral.com
- Online Funeral Planning Tools that are stored in a secure data warehouse for you.
- Call an Everest Advisor at 1-800-913-8318 if you have questions or log onto the website www.everestfuneral.com, select Client Log In and select Create Your Profile in the New to Everest? box to view services.

Employee Assistance Program (EAP)

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. The SupportLinc employee assistance program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc provides confidential, professional referrals and up to six (6) sessions of face-to-face counseling sessions for a wide variety of concerns, such as stress, depression, relationship issues, addictions, eating disorders, etc.

Phone: 1-888-881-LINC (5462)

Web: <https://www.supportlinc.com/>

Username: cnhs

Care@Work - chn.care.com

Children's National employees have access to the Care@Work benefit, a family care service that can help you find caregivers for your whole family, including your child, parents/grandparents and/or pet. Your Care@Work benefit gives you:

- Free access to Care.com, a database of providers for your family care needs

- Backup Care for children and adults which includes 10 Backup Care days/year to use for either child or adult. For in-home care, co-pays are \$6/day. For center care, co-pays are \$15/day/child, or \$25 max for multiple children at the same center.
- Personal Network Backup Care for Children: You can use a caregiver of your choice and be easily reimbursed for up to \$125/day after a \$6/hour co-pay is applied.
 - For example, an employee pays a caregiver \$20/hour for 8 hours of care (\$160). They are still responsible for their \$6/hour copay (\$48). They will be reimbursed from [Care@Work](#) for \$112 (\$160 - \$48 = \$112).

To activate your benefit, go to cnh.care.com and select "Enroll Now" or call 855.781.1303 or email careteam@care.com for assistance.

Commuter Benefits - SmartBenefits

If you take public transportation to commute to and from work, the SmartBenefits and SmartTrip program may be for you. This commuter benefit program allows you to use pre-tax dollars to pay for your commute to work. You can elect up to \$300 a month to ride Metrorail and Metrobus and/or up to \$300 or parking at a metro station. SmartTrip cards are accepted on DASH, Ride On, Fairfax Connector, CUE, Loudoun County Transit, DC Circulator, Martz/National Coach, PRTC, the Bus and registered vanpools.

Additional information about the SmartTrip card can be found at Washington Metropolitan Area Transit Authority, (WMATA's) website www.wmata.com (click on the SmartTrip link). To enroll complete and submit the [Smart Benefits-Commuter](#) form to the CNMC Employee Benefits Office.

Educational Assistance

Tuition Benefits for George Washington University Faculty

- Provided via agreement with The George Washington University (GWU)
Benefits Associate – Educational Programs
The George Washington University
Sotiri Kospanos
Benefits Associate – Educational Programs
Phone: 571-553-8249
tuition@email.gwu.edu
- For details, contact Lisa Sheehy, Program Lead Faculty Affairs
301-208-9073
lsheehy@childrensnational.org

Other Optional Benefits

You may enroll in the following benefits at any time during the year.

Credit Union Membership - Employees may join the SECU Credit Union to receive free checking, online banking, bill payment and other services. Apply online at www.secumnd.org.

Legal Insurance - The LegalEASE LegalGuard Legal Protection Plan provides you with access to professional legal consultation and representation at affordable rates. Call 888-416-4313.

Pet Insurance - PetFirst insurance provides comprehensive coverage for accidents, illnesses and routine care. Save up to 90% on your pet's veterinary bills after a \$50 per incident deductible.

Reimbursement issued within two weeks. Call 866-937-7387 and be sure to mention **Children's National Legacy Group**

Homeowners and Automobile Coverage - Travelers Insurance offers special discounted rates and quality coverage for auto, home, condo, and other personal insurance coverage. Call 888-695-4640.

Travel Assistance and ID Theft Protection - The Hartford's travel assistance and ID theft protection services provides emergency medical assistance, pre-trip information, emergency personal services, and identity theft protection while traveling. Contact Europ Assistance USA at 1-800-243-6108 and provide Travel Assistance Identification Number GLD-09012.

Professional Liability Insurance

Children's National will provide professional liability insurance coverage for the authorized activities of fellows under this agreement. The professional liability coverage for the fellow's activities provides legal defense and protection against awards from claims or suits reported or filed during and after the completion of the training program, if the alleged acts or omissions of the fellow are within the scope of the education program and occurred during the period of the fellow's employment. Insurance coverage does not extend to moonlighting activities.

Retirement – 401(k) Plan

- Eligibility: You are eligible to enroll Immediately upon hire.
- Enrollment: There is no waiting period. You can enroll in the Plan at any time. Contact Fidelity at 1-888-461-2662, or log on to www.Netbenefits.com/atwork.
- Contributions: IRS limits individual pre-tax contributions (if under age 50) to \$22,500 per year (2023 limit).
- Catch Up Contributions: Participants that are 50 or are turning 50 during 2023 can contribute an additional \$7,500.
- Company Match: Children's National Hospital matches 100% of your own contributions, up to 5% of your bi-weekly salary after one year of service.
- Rollovers: You are permitted to roll over eligible pretax contributions from another employer-sponsored 401(k) retirement plan.
- Loans: A loan or hardship withdrawal may be taken if you meet certain criteria.

MEDICAL BENEFITS AT A GLANCE	BEAR ADVANTAGE PPO		BEAR HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT		BEAR SELECT HMO	KAISER PERMANENTE HMO
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	In-Network
Deductible: Individual/ Individual+1/ Family	\$300/\$600/\$600	\$600/\$1,200/\$1,200	\$1,500/\$2,800/\$3,000	\$3,000/\$5,200/\$6,000	None	None
Out-of-Pocket Maximums (OOPM): Individual/Individual+1/ Family	\$3,500/\$7,000/\$7,000	\$7,000/\$14,000/\$14,000	\$3,000/\$5,200/\$6,000	\$6,000/\$10,400/\$12,000	\$2,750/\$2,750/\$6,500	\$2,250/\$2,250/\$4,500
Category of Service						
Preventive Care	No charge	40% coinsurance	No charge	30% coinsurance after deductible	No charge	No charge
Office Visits						
Primary Care for illness or injury	\$25 copay; no deductible	40% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible	\$20 copay	\$20 copay (Waived for child under age 5)
Specialist	\$40 copay; no deductible	40% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible	\$20 copay	\$20 copay
Telemedicine (general medical)	\$15 copay	Not covered	\$47/copay	Not covered	\$15 copay	No charge
Hospital/Facility Services						
Inpatient ¹ or Outpatient Surgery	20% coinsurance	40% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible	Inpt: \$500 copay/stay; Outpt: \$250 copay	Inpt: \$500 copay/stay; Outpt: \$250 copay
Emergency Room	20% after \$200 copay	20% after \$200 copay	10% coinsurance after deductible	10% coinsurance after deductible	10% coinsurance after \$200 copay	\$200 copay
Urgent Care Center	\$40 copay; no deductible	40% coinsurance	10% coinsurance after deductible	30% coinsurance after deductible	\$50 copay	\$20 copay
Prescription Drug			Must satisfy deductible before copay applies		Retail @ CVS/Caremark	Retail @ Kaiser Pharmacy
Retail						
Generic	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay; \$25 at Participating Pharm
Preferred Brand	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$25 copay; \$40 at Participating Pharm
Non-Preferred Brand	80% coinsurance up to OOPM	80% coinsurance up to OOPM	80% coinsurance up to OOPM	80% coinsurance up to OOPM	80% coinsurance up to OOPM	\$40 copay; \$55 at Participating Pharm
Specialty	20% coinsurance up to of \$150 max	Not covered	20% coinsurance up to of \$150 max	Not covered	20% coinsurance up to of \$150 max	50% coinsurance up to \$100 max
Mail Order						
Generic	\$30 copay	Retail only	\$30 copay	Retail only	\$30 copay	\$15 copay; \$25 at Participating Pharm
Preferred Brand	\$70 copay	Retail only	\$70 copay	Retail only	\$70 copay	\$25 copay; \$40 at Participating Pharm
Non-Preferred Brand	80% coinsurance up to OOPM	Retail only	80% coinsurance up to OOPM	Retail only	80% coinsurance up to OOPM	\$40 copay; \$55 at Participating Pharm
Specialty	20% coinsurance up to of \$150 max	Not covered	20% coinsurance up to of \$150 max	Not covered	20% coinsurance up to of \$150 max	50% coinsurance up to \$100 max

¹ Pre-certification required for inpatient confinements to avoid \$200 penalty.

* Unless otherwise noted, the applicable deductible must be met before the coinsurance applies

Dental Benefits at a Glance	Delta Dental PPO Plus Premier Enhanced Plan		Delta Dental PPO Plus Premier Standard Plan	
Benefit Summary Chart	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Annual Deductibles Individual (Calendar year) Family (Calendar year)	\$25 N/A	\$25 N/A	\$50 N/A	\$50 N/A
Maximums Individual (calendar year) Orthodontics (lifetime)	\$2000 \$3000	\$2000 \$3000	\$1500 N/A	\$1500 N/A
Category of Service				
Diagnostic (deductible waived) Periodic exams (twice per calendar year) Bitewing x-rays (twice per calendar year) Full-mouth x-ray (once per 3-year period)	No charge	No charge	No charge	No charge
Preventive (deductible waived) Prophylaxis (Cleaning) (twice/ calendar year) Fluoride treatments (twice/calendar year to age 18) Sealants (to age 18) Space maintainers (to age 14)	No charge	No charge	No charge	No charge
Basic Restorative Fillings (amalgam "silver" and composite "white")	You pay 20% coinsurance	You pay 20% coinsurance	You pay 40% coinsurance	You pay 40% coinsurance
Major Restorative Single crowns, inlays, onlays	You pay 20% coinsurance	You pay 20% coinsurance	You pay 40% coinsurance	You pay 40% coinsurance
Oral Surgery Extraction and other oral surgery procedures, incl. pre- and post-operative care	You pay 20% coinsurance	You pay 20% coinsurance	You pay 40% coinsurance	You pay 40% coinsurance
General Anesthesia Covered when used in conjunction with covered oral surgical procedures	You pay 20% coinsurance	You pay 20% coinsurance	You pay 40% coinsurance	You pay 40% coinsurance
Endodontics Root canal, pulpal therapy	You pay 20% coinsurance	You pay 20% coinsurance	You pay 40% coinsurance	You pay 40% coinsurance
Surgical Periodontics Surgical treatment of the gums and supporting structures of the teeth	You pay 20% coinsurance	You pay 20% coinsurance	You pay 40% coinsurance	You pay 40% coinsurance
Non-Surgical Periodontics Non-surgical treatment of the gums and supporting structures of the teeth	You pay 20% coinsurance	You pay 20% coinsurance	You pay 40% coinsurance	You pay 40% coinsurance
Postodontics Procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures, implant surgical placement & removal, implant supported prosthetics, including repair & re-cementation.	You pay 20% coinsurance	You pay 20% coinsurance	You pay 40% coinsurance	You pay 40% coinsurance
Orthodontics (deductible waived) For eligible employees, spouses and dependents to age 26 (Subject to lifetime maximum)	You pay 50% coinsurance	You pay 50% coinsurance	N/A	N/A

Vision Benefits at a Glance	Vision Service Plan (VSP) Standard Plan		Vision Service Plan (VSP) Signature Plan	
Benefit Summary Chart	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Well Vision Exam Once every 12 months	\$10 copay	Up to \$52 allowance	\$10 copay	Up to \$52 allowance
Prescription Glasses				
Frame (combined with exam)	\$150 allowance every 12 months \$170 allowance of featured brands 20% discount on the amount over allowance	Up to \$70 allowance	\$150 allowance every 12 months \$170 allowance of featured brands 20% discount on the amount over allowance	Up to \$70 allowance
Lenses (combined with exam) Single vision Bifocal Trifocal Lenticular	Covered in full every 12 months	Up to \$55.00 allowance Up to \$75.00 allowance Up to \$100.00 allowance Up to \$125 allowance	Covered in full every 12 months	Up to \$55.00 allowance Up to \$75.00 allowance Up to \$100.00 allowance Up to \$125 allowance
Lens Enhancements Tints/Photochromic adaptive Standard progressive Premium progressive Custom progressive	\$0 \$50 \$80 - \$90 \$120 - \$160	Up to \$5.00	\$0 \$50 \$80 - \$90 \$120 - \$160	Up to \$5.00
Contacts (instead of glasses) Contact lens exam (fitting and evaluation) once every 12 months Necessary Elective	Professional fees and materials Covered in full Materials \$130 allowance; after maximum \$60 copay	Up to \$210.00 allowance Professional svcs and materials Up to \$105 allowance	Professional fees and materials Covered in full Materials \$130 allowance; after maximum \$60 copay	Up to \$210.00 allowance Professional svcs and materials Up to \$105 allowance
Additional Pairs of Eyewear Frame and Lenses Contacts (instead of glasses)	Discount only Discount only	N/A	\$10 for frame and lenses \$0 co-pay; Up to \$130 allowance for additional contacts	N/A
VSP Diabetic Eyecare Plus Program (As needed) Services related to diabetic eye disease, glaucoma, and age related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20 copay	N/A	\$20 copay	N/A