

# WOODS

Vision - NVA

Effective July 1, 2026

	In Network Benefits	Out of Network Benefits
<b>Exams (once every 12 months)</b>		
Comprehensive Exam	\$10 copay	Up to \$40 reimbursement
Retinal Screening	Up to \$39 copay	N/A
<b>Frames (once every 12 months)</b>		
Retail Frame Allowance	\$150 allowance; 20% discount on amount over allowance	Up to \$105 reimbursement
<b>Lenses - For Eyewear (once every 12 months)</b>		
Standard Lenses - Single Vision	\$20 copay	Up to \$30 reimbursement
Lined Bifocal Lenses	\$20 copay	Up to \$50 reimbursement
Lined Trifocal or Lenticular Lenses	\$20 copay	Up to \$70 reimbursement
<b>Lens Enhancements</b>		
Standard Progressives	\$70 copay	Up to \$50 reimbursement
Premium Progressives	\$50 copay + bifocal/trifocal charge	Up to \$50 reimbursement
UV Treatment or Tint or Scratch Resistance Coating	\$12 copay	N/A
Standard Polycarbonate	\$40 copay	N/A
<b>Contact Lenses (once every 12 months)</b>		
Contacts (instead of glasses)	\$150 allowance; 15% discount on amount over allowance	Up to \$105 reimbursement
Contact Lens Exam (fitting & evaluation)	\$20 copay	N/A
		<b>Biweekly</b>
<b>Total Premiums:</b>	<b>Mo. Cost</b>	<b>Deduction</b>
Employee Only	\$4.90	\$2.26
Employee & Child(ren)	\$9.79	\$4.52
Employee & Spouse/Domestic Partner	\$9.30	\$4.29
Family	\$14.39	\$6.64