

2025 to 2026 EM NBU Vision Plan Design Comparison

Below is a high-level comparison of the 2025 vs 2026 Vision Plan Designs for Emerging Market NBU employees.

Covered Benefit	2025 Plan Design	
	Blue Vision VSP	
	VSP Network Provider	Non-VSP Provider
Eye Examination	\$5 copay	Reimbursement up to \$50 less a \$5 copay (member responsible for any difference)
Prescription Glasses	A combined \$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay
Medically Necessary Contact Lenses	\$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay
Standard Lenses	\$10 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less 10\$ copay (member responsible for any difference)
Standard Frames	\$150 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less \$10 copay (one copay applies to both frames and lenses)	Reimbursement up to \$70 less \$10 copay (member responsible for any difference)
Prescribed Elective Contact Lenses	\$200 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)

Covered Benefit	2026 Plan Design	
	Blue Vision VSP	
	VSP Network Provider	Non-VSP Provider
Eye Examination	\$5 copay	Reimbursement up to \$35 less a \$5 copay (member responsible for any difference)
Prescription Glasses	\$7.50 copay (one copay applies to both lenses and frames) up to a \$175 maximum	Covered less a \$7.50 copay up to a predetermined amount
Medically Necessary Contact Lenses	\$7.50 copay	Reimbursement up to \$210 after a \$7.50 copay (member responsible for any difference)
Standard Lenses	A combined \$7.50 copay	Member responsible for difference between approved amount and provider's charge
Standard Frames		
Prescribed Elective Contact Lenses	\$175 allowance that is applied toward contact lens exam (fitting and materials) and the contact exam (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact exam (member responsible for any cost exceeding the allowance)

2025 to 2026 EM NBU Vision Plan Design Comparison

Covered Benefit	2026 Plan Design	
	Heritage Vision	
	Heritage Network Provider	Heritage Provider
Eye Examination	\$5 copay	Reimbursement up to \$35 less a \$5 copay (member responsible for any difference)
Prescription Glasses	\$7.50 copay (one copay applies to both lenses and frames) up to a \$175 maximum	Covered less a \$7.50 copay up to a predetermined amount
Medically Necessary Contact Lenses	\$7.50 copay	Reimbursement up to \$210 after a \$7.50 copay (member responsible for any difference)
Standard Lenses	A combined \$7.50 copay	Member responsible for difference between approved amount and provider's charge
Standard Frames		
Prescribed Elective Contact Lenses	\$175 allowance that is applied toward contact lens exam (fitting and materials) and the contact exam (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact exam (member responsible for any cost exceeding the allowance)