

Vision Plan Comparison

R & R Transportation • Effective September 1, 2026

Both plans cover the same services on the same 12-month cycle. The 200x plan simply carries lower member costs and higher allowances across the board. Figures below are in-network member cost unless noted.

Benefit	Vision 150x	Vision 200x
	MN Humana Vision 150x	MN Humana Vision 200x
Eye exam (with dilation)	\$10	\$0
Frame allowance	\$150	\$200
Single-vision lenses	\$25	\$20
Bifocal / trifocal / lenticular lenses	\$25	\$20
Standard progressive lenses (add-on)	\$25	\$20
Standard anti-reflective coating	\$25	\$20
Contact lens allowance (conventional / disposable)	\$150	\$200
Medically necessary contacts	\$0	\$0
Standard contact lens fitting & follow-up	Up to \$40	\$0
Exam / lenses / frame frequency	Every 12 months	Every 12 months
Diabetic eye care (in-network)	\$0	\$0
Lasik / PRK discount	15% off retail (US Laser Network)	15% off retail (US Laser Network)

Out-of-network reimbursements are lower on both plans (for example, frames reimburse up to \$80 on 150x vs. \$100 on 200x). Retinal imaging (up to \$39) and the Lasik/PRK discount are the same on both.

Your Cost Per Paycheck

Coverage tier	Vision 150x	Vision 200x
Employee	\$1.60	\$2.61
Employee + Spouse	\$3.21	\$5.22
Employee + Child(ren)	\$3.39	\$5.30
Family	\$5.13	\$8.13

Amounts are deducted from each paycheck (52 pay periods per year).

Summary for comparison only. Benefit amounts reflect in-network member cost from the Humana benefit guide unless otherwise noted; out-of-network coverage and reimbursements differ. Rates are per paycheck across 52 pay periods and are subject to final carrier confirmation. For complete terms, limitations, and exclusions, see each plan's full benefit document. If anything here differs from the plan document, the plan document controls. Prepared with SunRaes Benefit Solutions.