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 MN Humana Vision 150x	Vision 200x 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).