



## Rivian Automotive

Out of Network

### Reimbursements (Copays Apply)

<b>WellVision® Exam Frequency</b>	Once every 12 months
<b>Eyeglass Lenses -or- Contact Lenses Frequency</b>	Once every 12 months
<b>Frame Frequency</b>	Once every 12 months
<b>WellVision® Exam</b>	Up to \$45
<b>Lens</b>	
Single Vision	Up to \$30
Bifocal	Up to \$50
Trifocal	Up to \$65
Progressives	Up to \$50
Lenticular	Up to \$100
<b>Frame Coverage</b>	
Retail Frame Allowance	Up to \$70
<b>Contact Lenses (in lieu of eyeglasses) with VSP Provider*</b>	
Elective Contact Lens Allowance	Up to \$105
Medically Necessary Contact Lenses	Up to \$210
<b>Contact Lens Exam (Fitting &amp; Evaluation):</b>	
Standard or Premium Fit Patients	N/A