

Vision Insurance

vsp®

COMMONLY COVERED

- ✓ Annual eye exams
- ✓ Prescription lenses
- ✓ Frames
- ✓ Contact lenses
- ✓ Lens enhancements

■ MORE THAN 20/20.

A yearly WellVision Exam® checks more than your prescription — eye doctors can spot early signs of conditions like diabetes and high blood pressure.

■ REAL ALLOWANCES, REAL CHOICE.

A \$200 frame or elective contact lens allowance, plus 20% off any amount over it. Progressive lenses are covered in full after the lens copay — no upgrade fee.

■ EXTRA SAVINGS BUILT IN.

20% off additional pairs of glasses, up to \$40 off lens upgrades, and 15% off LASIK or PRK through VSP-contracted facilities.

ALTO ROBOTICS, INC.

All Eligible Employees

POLICY # 30074412

Vision Service Plan

800-877-7195 • vsp.com

Vision
Insurance

YOUR COVERAGE WITH A VSP CHOICE NETWORK PROVIDER

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
WellVision Exam®	Comprehensive eye exam	\$10	Every 12 months
Prescription Lenses	Single, bifocal, trifocal and progressive lenses covered in full	\$25	Every 12 months
Frames	\$200 allowance, plus 20% off any amount over	Included	Every 24 months
Elective Contacts	\$200 allowance (in lieu of lenses); fitting & evaluation up to \$60	—	Every 12 months
Medically Necessary Contacts	Covered in full	—	Every 12 months

OUT-OF-NETWORK REIMBURSEMENT

Exam	Up to \$50	Frames	Up to \$70	Elective Contacts	Up to \$105
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MONTHLY PREMIUMS

COVERAGE TIER	TOTAL MONTHLY PREMIUM
Employee Only	\$8.50
Employee + Spouse	\$15.00
Employee + Child(ren)	\$15.00
Employee + Family	\$24.00

Alto Robotics pays 100% of vision premiums for employees and their dependents.

Coverage information is a summary only. The Evidence of Coverage and your member handbook contain the complete terms, exclusions and limitations, which govern in all cases. VSP, WellVision Exam and VSP Choice are registered trademarks of Vision Service Plan. Fictional sample for platform demonstration.