

Proposed Benefits

In-Network Benefits		Plan Design Options			
Frequency – Once Every:		Designer 1	Designer 2	Designer 3	Premier 1
Eye Examination inclusive of Dilation (when professionally indicated)			12 Months		
Spectacle Lenses			12 Months		
Frame			12 Months		
Contact Lens Evaluation, Fitting & Follow-Up Care			12 Months		
Contact Lenses (in lieu of eyeglasses)			12 Months		
Copayments					
Eye Examination		\$20	\$10	\$10	\$0
Spectacle Lenses		\$40	\$25	\$10	\$0
Contact Lens Evaluation, Fitting & Follow-Up Care		\$40	\$25	\$10	\$0
Eyeglass Benefit - Frame		Average Retail Value			
Non-Collection Frame Allowance (Retail):	Up to \$150	Up to \$130	Up to \$130 Plus a 20% discount on any overage ¹	Up to \$130	Up to \$150
Davis Vision Frame Collection² (in lieu of Allowance):					
Fashion level	Up to \$125	Included	Included	Included	Included
Designer level	Up to \$175	Included	Included	Included	Included
Premier level	Up to \$225	\$25 copayment	\$25 copayment	\$25 copayment	Included
Eyeglass Benefit - Spectacle Lenses		Average Retail Value	Member Charges		
Clear plastic single-vision, bifocal, trifocal, or lenticular lenses (any Rx)	\$60-\$120	Included	Included	Included	Included
Oversize Lenses	\$20	Included	Included	Included	Included
Tinting of Plastic Lenses	\$20	Included	Included	Included	Included
Scratch-Resistant Coating	\$25-\$40	Included	Included	Included	Included
Polycarbonate Lenses	\$60-\$75	\$0 or \$30 ³	\$0 or \$30 ³	Included	Included
Ultraviolet Coating	\$25-\$30	\$12	\$12	Included	Included
Standard Anti-Reflective (AR) Coating	\$50-\$70	\$35	\$35	\$35	Included
Premium AR Coating	\$65-\$90	\$48	\$48	\$48	\$48
Ultra AR Coating	\$100-\$125	\$60	\$60	\$60	\$60
Standard Progressive Lenses	\$150-\$195	\$50	\$50	\$50	Included
Premium Progressives (Varilux®, etc.)	\$195-\$300	\$90	\$90	\$90	\$90
Intermediate-Vision Lenses	\$150-\$175	\$30	\$30	\$30	\$30
High-Index Lenses	\$90-\$150	\$55	\$55	\$55	\$55
Polarized Lenses	\$95-\$110	\$75	\$75	\$75	\$75
Plastic Photosensitive Lenses	\$95-\$150	\$65	\$65	\$65	\$65
Scratch Protection Plan: Single Vision Multifocal Lenses		\$20 \$40	\$20 \$40	\$20 \$40	\$20 \$40
Contact Lens Benefit (in lieu of eyeglasses)					
Non-Collection Contact Lenses: Materials Allowance		Up to \$110	Up to \$130 Plus a 15% discount on any overage ¹	Up to \$130	Up to \$150
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types		Included	Included	Included	Included
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types		Up to \$60 allowance	Up to \$60 allowance	Up to \$60 allowance	Up to \$60 allowance
Collection Contact Lenses² (in lieu of Allowance): Materials					
- Disposable		4 boxes/multi-packs	8 boxes/multi-packs	8 boxes/multi-packs	8 boxes/multi-packs
- Planned Replacement		2 boxes/multi-packs	4 boxes/multi-packs	4 boxes/multi-packs	4 boxes/multi-packs
- Evaluation, Fitting & Follow-up Care		Included	Included	Included	Included
Medically Necessary Contact Lenses (with prior approval)					
- Materials, Evaluation, Fitting & Follow-Up Care		Included	Included	Included	Included
Out-of-Network Reimbursement Schedule: up to					
Eye Examination: \$40	Single Vision Lenses: \$40	Trifocal Lenses: \$80		Elective Contact Lenses: \$105	
Frame: \$50	Bifocal Lenses: \$60	Lenticular Lenses: \$100		Medically Necessary CL: \$225	

¹ Additional discounts not applicable at Walmart or Sam's Club locations.

² Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

³ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

One-year eyeglass breakage warranty included