

In-Network Benefits		Plan Design Options	
Frequency – Once Every:		IC 4	
Eye Examination inclusive of Dilation (when professionally indicated)		Designer	
Spectacle Lenses		12 Months	
Frame		24 months	
Contact Lens Evaluation, Fitting & Follow-Up Care		12 Months	
Contact Lenses (in lieu of eyeglasses)		12 Months	
Copayments			
Eye Examination		\$10	
Spectacle Lenses		\$25	
Contact Lens Evaluation, Fitting & Follow-Up Care		\$25	
Eyeglass Benefit - Frame		Average Retail Value	
Non-Collection Frame Allowance (Retail):	Up to \$150	Up to \$130 Plus a 20% discount on any average ¹	
Davis Vision Frame Collection² (in lieu of Allowance):			
Fashion level	Up to \$125	Included	
Designer level	Up to \$175	Included	
Premier level	Up to \$225	\$25 copayment	
Eyeglass Benefit - Spectacle Lenses		Average Retail Value	
Member Charges			
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	\$60-\$120	Included	
Tinting of Plastic Lenses	\$20	Included	
Scratch-Resistant Coating	\$25-\$40	Included	
Polycarbonate Lenses (Children ³ / Adults)	\$60-\$75	\$0 or \$30	
Ultraviolet Coating	\$25-\$30	\$12	
Anti-Reflective (AR) Coating (Standard/Premium/Ultra)	\$50-\$125	\$35 / \$48 / \$60	
Progressive Lenses (Standard / Premium / Ultra ⁴)	\$150-\$300	\$50 / \$90 / \$140	
Intermediate-Vision Lenses	\$150-\$175	\$30	
High-Index Lenses	\$90-\$150	\$55	
Polarized Lenses	\$95-\$110	\$75	
Plastic Photosensitive Lenses	\$95-\$150	\$65	
Scratch Protection Plan: Single Vision Multifocal Lenses		\$20 \$40	
Contact Lens Benefit (in lieu of eyeglasses)			
Non-Collection Contact Lenses: Materials Allowance		Up to \$130 Plus a 15% discount on any average ¹	
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types		Included	
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types		Up to \$60 with an additional 15% discount off any average	
Collection Contact Lenses² (in lieu of Allowance): Materials			
- Disposable		4 boxes / multi-packs	
- Planned Replacement: up to		2 boxes / multi-packs	
- Evaluation, Fitting & Follow-up Care		Included	
Medically Necessary Contact Lenses (with prior approval)			
- Materials, Evaluation, Fitting & Follow-Up Care		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/Progressive Lenses: \$60	Lenticular Lenses: \$100	Medically Necessary CL: \$225

Rates for New York Groups

	Voluntary	Employer Paid
<i>Employee Only</i>	\$6.92	\$5.88
<i>Employee + Spouse</i>	\$12.10	\$10.29
<i>Employee + Child(ren)</i>	\$15.01	\$12.76
<i>Employee + Family</i>	\$19.02	\$16.17

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.

⁴ Category includes digital free-form progressive lenses.

One-year eyeglass breakage warranty included