

## PARFAC (APSCURF) vs. Freedom Blue PPO Vision Plan Comparison

In-Network Benefits	PARFAC (APSCURF)	Freedom Blue		
<b>Frequency – Once Every:</b>				
Eye Examination (including dilation when professionally indicated)	12 months	Calendar Year		
Spectacle Lenses	12 months	Calendar Year		
Frame	12 months	Calendar Year		
Contact Lens Evaluation, Fitting & Follow-Up Care	12 months	Calendar Year		
Contact Lenses (in lieu of eyeglass lenses)	12 months	Calendar Year		
<b>Copayments</b>				
Eye Examination	\$0	\$0		
Spectacle Lenses	\$0	\$0		
<b>Eyeglass Benefit - Frame</b>				
<b>Non-Collection Frame Allowance (Retail):</b>	Up to \$60	Up to \$150		
<b>Davis Vision Frame Collection<sup>1</sup> (in lieu of Allowance):</b>				
- Fashion level	Included	Included		
- Designer level	\$20 copayment	\$15 copayment		
- Premier level	\$40 copayment	\$35 copayment		
<b>Eyeglass Benefit - Spectacle Lenses</b>		<b>Member Charges</b>		
Lenses: Single   Lined Bifocal   Trifocal   Lenticular	Included	Included		
Oversize Lenses	Included	Included		
Tinting of Plastic Lenses	\$11	\$0		
Scratch-Resistant Coating	Included	Included		
Scratch Protection Plan: Single Vision   Multifocal Lenses	\$20   \$40	\$20   \$40		
Polycarbonate Lenses <sup>2</sup>	\$0 or \$30	\$30		
Ultraviolet Coating	\$12	\$12		
Anti-Reflective Coating: Standard   Premium   Ultra   Ultimate	\$35   \$48   \$60   \$85	\$35   \$48   \$60   \$85		
Progressive Lenses: Standard   Premium   Ultra   Ultimate	\$50   \$90   \$140   \$175	\$50   \$90   \$140   \$175		
High-Index Lenses: 1.67   1.74	\$55   \$120	\$55   \$120		
Polarized Lenses	\$75	\$75		
Plastic Photosensitive Lenses	\$65	\$65		
Blue Light Filtering	\$15	\$15		
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>				
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types	Included	Included		
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types	Included	Up to \$60		
<b>Contact Lenses (in lieu of Allowance): Materials</b>		<b>Non-Plan Contacts: \$150</b>		
- Standard daily wear contact lenses	Included	<b>Plan Contacts:</b>		
- Disposable/Planned Replacement	Up to \$75	Disposable: 4 boxes		
- Specialty (i.e.; Gas Permeable)	Up to \$75	Planned Rep: 2 boxes		
		Evaluation: Included		
<b>Medically Necessary Contact Lenses (with prior approval)</b>				
- Materials, Evaluation, Fitting & Follow-Up Care	Included	Included		
<b>Out-of-Network Reimbursement Schedule: up to</b>				
Eye Examination: \$32	Single Vision Lenses: \$25	Trifocal Lenses: \$46	Elective Contact Lenses: \$48-75	Eye Examination: covered in full after \$50 copay
Frame: \$30	Bifocal/Progressive Lenses: \$36	Lenticular Lenses: \$72	Medically Necessary CL: \$225	
Contact Lens Evaluation & Fitting - Daily Wear: \$20	Contact Lens Evaluation & Fitting – Extended Wear: \$30			Post Refractive Services: \$150 for Materials

<sup>1</sup>Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

<sup>2</sup>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**