

## PARSE vs. Freedom Blue PPO Vision Plan Comparison

In-Network Benefits – Non-Voluntary			PARSE Standard	PARSE Enhanced	Freedom Blue
<b>Frequency – Once Every:</b>					
Eye Examination (including dilation when professionally indicated)			12 months	12 months	Calendar Year
Spectacle Lenses			24 months	12 months	Calendar Year
Frame			24 months	12 months	Calendar Year
Contact Lenses (in lieu of eyeglass lenses)			24 months	12 months	Calendar Year
<b>Copayments</b>					
Eye Examination			\$0	\$0	\$0
Spectacle Lenses			\$0	\$0	\$0
<b>Eyeglass Benefit - Frame</b>					
<b>Non-Collection Frame Allowance (Retail):</b>			Up to \$60	Up to \$60	Up to \$150
<b>Davis Vision Frame Collection<sup>1</sup> (in lieu of Allowance):</b>			Up to \$110 at Visionworks	Up to \$110 at Visionworks	
- Fashion level			Included	Included	Included
- Designer level			\$20 copayment	\$20 copayment	\$15 copayment
- Premier level			\$40 copayment	\$40 copayment	\$35 copayment
<b>Eyeglass Benefit - Spectacle Lenses</b>			<b>Member Charges</b>		
Lenses: Single   Lined Bifocal   Trifocal   Lenticular			Included	Included	Included
Oversize Lenses			Included	Included	Included
Tinting of Plastic Lenses			\$15	\$15	\$0
Scratch-Resistant Coating			Included	Included	Included
Scratch Protection Plan: Single Vision   Multifocal Lenses			\$20   \$40	\$20   \$40	\$20   \$40
Polycarbonate Lenses <sup>2</sup>			\$35	\$35	\$30
Ultraviolet Coating			\$15	\$15	\$12
Anti-Reflective Coating: Standard   Premium   Ultra   Ultimate			\$40   \$55   \$69   \$85	\$40   \$55   \$69   \$85	\$35   \$48   \$60   \$85
Progressive Lenses: Standard   Premium   Ultra   Ultimate			\$65   \$105   \$140   \$175	\$65   \$105   \$140   \$175	\$50   \$90   \$140   \$175
High-Index Lenses: 1.67   1.74			\$60   \$120	\$60   \$120	\$55   \$120
Polarized Lenses			\$75	\$75	\$75
Plastic Photosensitive Lenses			\$70	\$70	\$65
Blue Light Filtering			\$15	\$15	\$15
Glass Photochromatic Lenses			\$20	\$20	N/A
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>					
<b>Non-Collection Contact Lenses: Materials Allowance</b>			\$85	\$85	Up to \$150
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types					Included
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types					Up to \$60
<b>Collection Contact Lenses<sup>1</sup> (in lieu of Allowance): Materials</b>					
- Disposable			4 boxes	4 boxes	4 boxes
- Planned Replacement			2 boxes	2 boxes	2 boxes
- Evaluation, Fitting & Follow-up Care			Included	Included	Included
<b>Medically Necessary Contact Lenses (with prior approval)</b>					
- Materials, Evaluation, Fitting & Follow-Up Care			Included	Included	Included
<b>Out-of-Network Reimbursement Schedule: up to</b>					
Eye Examination: \$32	Single Vision Lenses: \$25	Trifocal Lenses: \$46	Elective Contact Lenses: \$85	<i>PARSE Enhanced OON allowances mirror the PARSE Standard plan</i>	Eye Examination: covered in full after \$50 copay
Frames: \$30	Bifocal Lenses: \$36	Lenticular Lenses: \$72			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**