

# VISION PLAN BENEFIT DETAILS

Service or Product	Entitlement	Patient Responsibility										
Annual Eye Exam inclusive of Refraction	Included	\$0										
Frame: Plan- supplied	A "Fashion" Frame from the Davis Vision Collection <sup>1</sup> is covered in full	\$0										
Frame: Provider -supplied	\$150 credit, plus a 20% discount for a provider-supplied frame, every calendar year. Member is responsible for amount over \$150.	Patient is responsible for the amount over \$150, after 20% discount on overage.										
Single Vision Lenses	Members are entitled to 1 pair of eyeglasses with lenses of standard plastic, oversize, or tinted lenses every calendar year.	\$0										
Bifocal Lenses												
Trifocal Lenses												
Aphakic/Lenticular Lenses												
Contact Lens Evaluation	(Every calendar year) \$60 allowance plus 15% off balance	Patient responsible for the amount over \$60 allowance plus 15% off balance										
Premium Contact Lenses Collection (Plan 1) <sup>1</sup>	Annual (every calendar year) in lieu of eyeglasses	\$0										
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Planned Replacement Disposable</td> <td style="width: 20%;">Two boxes/multi-packs*</td> <td style="width: 20%;">Four boxes/multi-packs*</td> </tr> <tr> <td style="text-align: center;">OR</td> <td colspan="2"></td> </tr> <tr> <td>Visually required Contacts:</td> <td colspan="2">Covered in full with prior approval.</td> </tr> <tr> <td></td> <td colspan="2">*Number of contact lens boxes may vary based on manufacturer's packaging.</td> </tr> </table>			Planned Replacement Disposable	Two boxes/multi-packs*	Four boxes/multi-packs*	OR			Visually required Contacts:	Covered in full with prior approval.		
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Visually required Contacts:	Covered in full with prior approval.											
	*Number of contact lens boxes may vary based on manufacturer's packaging.											
Provider -supplied Contact Lenses	\$150 credit, plus a 15% discount (every calendar year)	Patient is responsible for the amount over \$150, after 15% discount on overage.										

VISION CARE OPTIONS (tints, coatings, non-standard lens materials, etc.) - Available at a Discounted Patient Cost per pair - see below:	
Davis Vision Designer Frame (from the Tower Collection in most providers' offices) (Red tag)	\$15
Davis Vision Premier Frame (from the Tower Collection in most providers' offices) (Blue tag)	\$35
Scratch-resistant coating	Included
Ultraviolet coating	\$12
Progressive addition lenses (PAL) – Standard type <sup>2</sup>	\$50
Progressive addition lenses (PAL) – Premium type <sup>2</sup>	\$90
Progressive addition lenses (PAL) – Ultra type <sup>2</sup>	\$140
Anti-reflective coating (ARC) –Standard type	\$35
Anti-reflective coating (ARC) – Premium type	\$48
Anti-reflective coating (ARC) – Ultra type	\$60
Polycarbonate lenses <sup>3</sup>	\$30
Polarized lenses	\$75
High index (thinner and lighter lens material)	\$55
Photosensitive plastic lenses	\$65
Scratch Protection Plan: Single Vision   Multifocal Lenses	\$20  \$40

<sup>1</sup>The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.

<sup>2</sup>Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the copayment will not be refunded.

<sup>3</sup>There is no copayment for patients with prescriptions of +/- 6.00 or greater, or if prescribed for dependent children or monocular patients.