

In-Network Benefits		Plan Design Options	
<b>Frequency – Once Every:</b>		<b>IC 1</b>	
<b>Eye Examination inclusive of Dilation (when professionally indicated)</b>		<b>Designer</b>	
Spectacle Lenses		12 Months	
Frame		12 Months	
Contact Lens Evaluation, Fitting & Follow-Up Care		12 Months	
Contact Lenses (in lieu of eyeglasses)		12 Months	
<b>Copayments</b>			
Eye Examination		\$10	
Spectacle Lenses		\$10	
Contact Lens Evaluation, Fitting & Follow-Up Care		\$10	
<b>Eyeglass Benefit - Frame</b>		<b>Average Retail Value</b>	
<b>Non-Collection Frame Allowance (Retail):</b>	<b>Up to \$150</b>	Up to \$130 Plus a 20% discount on any average <sup>1</sup>	
<b>Davis Vision Frame Collection<sup>2</sup> (in lieu of Allowance):</b>			
Fashion level	Up to \$125	Included	
Designer level	Up to \$175	Included	
Premier level	Up to \$225	\$25 copayment	
<b>Eyeglass Benefit - Spectacle Lenses</b>		<b>Average Retail Value</b>	
<b>Member Charges</b>			
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 <sup>3</sup> / 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 <sup>4</sup> )	\$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	
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>			
<b>Non-Collection Contact Lenses: Materials Allowance</b>		Up to \$130 Plus a 15% discount on any average <sup>1</sup>	
- 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	
<b>Collection Contact Lenses <sup>2</sup> (in lieu of Allowance): Materials</b>			
- Disposable		4 boxes / multi-packs	
- Planned Replacement: up to		2 boxes / multi-packs	
- Evaluation, Fitting & Follow-up Care		Included	
<b>Medically Necessary Contact Lenses (with prior approval)</b>			
- Materials, Evaluation, Fitting & Follow-Up Care		Included	
<b>Out-of-Network Reimbursement Schedule: up to</b>			
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 Florida Groups**
<sup>1</sup> Additional discounts not applicable at Walmart or Sam's Club locations.

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

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

<sup>4</sup> Category includes digital free-form progressive lenses.