

| | In-network benefit | Out-of-network reimbursements |
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| PRESCRIPTION GLASSES – Benefit available for eyeglass lenses or contact lenses once per calendar year | | |
| Lenses* Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children) | 100% after \$10 copay | Frames: \$50 Lenses: - Single vision: \$40 - Bifocal/progressive: \$60 - Trifocal: \$80 - Lenticular: \$100 Contact lenses: - Elective: \$105 - Visually required: \$225 *Your plan covers a wide variety of lenses. Be sure the lenses you choose are covered by your plan. You'll have to pay the full cost for lenses your plan doesn't cover. Your eyecare/eyewear provider can assist you with this, or you can contact customer service at the number on your vision member ID card. **Davis Vision Exclusive Collection available at most independent providers and private practice locations. Collection is subject to change. ***Additional discount not available at Costco, Walmart, Sam's Club or participating online retail providers. |
| Frames | 1 per calendar year | |
| Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level | 100%; no copay 100%; no copay 100%; no copay | |
| Non-Davis Vision Exclusive Collection** - Visionworks stores - Frames available from other participating retailers | No copay: plan pays up to \$200 plus 20% discount on remaining costs*** No copay: plan pays up to \$150 plus 20% discount on remaining costs*** | |
| EYE GLASS ENHANCEMENTS | | |
| - Tinting of plastic lenses - Scratch-resistant coating - Polycarbonate lenses - Dependent children, monocular patients and those with a prescription of +/-6.00 diopters or greater - Adults - Ultraviolet coating - Antireflective coating -Blue light filtering - Progressive lenses - High-index lenses - Polarized lenses - Plastic photochromic lenses - Scratch protection plan | Member pays \$0 Standard: \$0 / Premium: \$30 Member pays \$0 Member pays \$30 Member pays \$12 Standard: \$35 / Premium: \$48 / Ultra: \$60 / Ultimate: \$85 Member pays \$15 Standard: \$50 / Premium: \$90 / Ultra: \$140 / Ultimate: \$175 Member pays \$55 / \$120 Member pays \$75 Member pays \$65 Single vision: \$20 / Multifocus vision: \$40 | |
| CONTACT LENSES – Benefit available for eyeglass lenses or contact lenses once per calendar year | | |
| Collection contact lenses† - Disposable - Non-disposable - Evaluation, fitting and follow-up care | up to 8 boxes up to 4 boxes 100% after \$10 copay | † Available at most participating independent provider offices. †† Available at participating retail providers. ††† Visually required (also known as medically necessary) means that optimal visual correction cannot be achieved with prescription eyeglasses but can be achieved with contact lens wear. Conditions that may commonly justify visually required lenses include keratoconus, anisometropia, aniseikonia, high astigmatism, pathological myopia, post-traumatic disorders, aphakia, aniridia, and certain corneal conditions. |
| Non-collection contact lens allowance** - Evaluation, fitting and follow-up care for standard lenses - Evaluation, fitting and follow-up care for specialty lenses | Plan pays up to \$150 plus 15% discount on remaining costs*** 100% after \$10 copay | |
| Visually required contact lenses††† (preauthorization required) - Materials - Evaluation, fitting and follow-up care | \$10 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs*** 100% 100% after \$10 copay | |

This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations.

Davis Vision is an independent company providing vision benefit management services and access to their network.

Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.