



	In-network benefit	Out-of-network reimbursements
PRESCRIPTION GLASSES – Benefit available for eyeglass lenses or contact lenses once every 12 months		Frames: \$50
Lenses* Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children)	100% after \$10 copay	Lenses: - Single vision: \$40 - Bifocal/progressive: \$60 - Trifocal: \$80 - Lenticular: \$100
Frames	1 every 12 months	Contact lenses: - Elective: \$105 - Visually required: \$225
Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level	100%; no copay 100%; no copay 100%; \$25 copay	
Non-Davis Vision Exclusive Collection†† - Visionworks stores - Frames available from other participating retailers	No copay: plan pays up to \$180 plus 20% discount on remaining costs*** No copay: plan pays up to \$130 plus 20% discount on remaining costs***	
EYE GLASS ENHANCEMENTS		*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.
- 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	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 participating independent provider offices. Collection is subject to change.  ***Additional discount not available at Costco, Walmart, Sam's Club or at participating online retail providers.  †Available at most participating independent provider offices. Collection is subject to change.
CONTACT LENSES – Benefit available for eyeglass lenses or contact lenses once every 12 months		††Available at participating provider offices. Collection is subject to change.
Collection contact lenses† - Disposable - Non-disposable  - Evaluation, fitting and follow-up care	up to 4 boxes up to 2 boxes  100% after \$10 copay	†††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.
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 \$130 plus 15% discount on remaining costs***  100% after \$10 copay	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.
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.