

Product Features	Plan 1	Plan 2	Plan 3
Frequency—Once Every:			
Eye Examinations Inclusive of Dilation	12 Months	12 Months	12 Months
when professionally indicated) Spectacle Lenses	12 Months	12 Months	12 Months
Frame	24 Months	24 Months	12 Months
Contact Lens Evaluation. Fitting & Follow-			
Jp Care (in lieu of eyeglasses)	12 Months	12 Months	12 Months
Co-Payments	· · ·		
Eye Examination	\$10	\$10	\$10
Spectacle Lenses: single vision, lined bifocal, trifocal	\$25	\$10	\$10
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0	\$0	\$10
Eyeglass Benefit—Frame			
Frame Allowance (Retail):	Up to \$100 OR Up to \$150*	Up to \$130 OR Up to \$180*	Up to \$180 OR Up to \$230*
Davis Vision Frame Collection (in Lieu of Allowance)			
Fashion level	\$0	\$0	\$0
Designer level	\$15	\$0	\$0
Premier level	\$40	\$25	\$0
Eyeglass Benefit—Spectacle Lenses			
Clear plastic single-vision, lined bifocal, trifocal or lenticular	40	60	60
enses (any size or Rx)	\$0	\$0	\$0
Finting of Plastic Lenses	\$15	\$0	\$0
Scratch-Resistant Coating	\$0	\$0	\$0
Polycarbonate Lenses (Children/Adults)	\$0/\$35	\$0/\$30	\$0/\$30
Jltraviolet Coating	\$15	\$12	\$12
Anti-Reflective (AR) Coating (Standard/ Premium)	\$40/\$55/\$69	\$35/\$48/\$60	\$35/\$48/\$60
Progressive Lenses (Standard/Premium/Ultra)	\$65/\$105/\$140	\$50/\$90/\$140	\$50/\$90/\$140
High-Index Lenses	\$60	\$55	\$55
Polarized Lenses	\$75	\$75	\$75
Plastic Photochromic Lenses	\$70	\$65	\$65
Scratch Protection Plan: Single Vision/Multifocal Lenses	\$20/\$40	\$20/\$40	\$20/\$40
Contact Lens Benefit (in Lieu of Eyeglasses) - Standard & Speci	alty Lens Types		
Contact Lens Material Allowance-Plus 15 discount on any overage	Up to \$100	Up to \$130	Up to \$180
Evaluation, Fitting & Follow-Up Care-Standard Lens Types (in Lieu of Eyeglasses)	15% Discount**	15% Discount**	\$0 Copay
Evaluation, Fitting & Follow Up Care—Specialty Lens Types (in Lieu of Eyeglasses)	15% Discount**	15% Discount**	Up to \$60 allowance Plu a 15% discount on any overage**
Collection Contact Lenses Benefit (in Lieu of Contact Lens Materia	Allowance)		
Materials Disposable: up to	Not Covered	4 boxes/multi-packs	8 boxes/multi-packs
Planned Replacement: up to	Not Covered	2 boxes/multi-packs	4 boxes/multi-packs
Evaluation, Fitting & Follow-Up Care	Not Covered	\$0 Copay	\$0 Copay
Non-Elective Contact Lenses (with Prior Approval)			
Naterials, Evaluation, Fitting & Follow-Up Care	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network Reimbursement Allowance Schedule: L			

Designer & Premier: Eye Examination: \$40, Frame: \$50, Single Vision Lenses: \$40, Bifocal/Progressives Lenses: \$60, Trifocal Lenses: \$80, Lenticular Lenses: \$100, Elective Contact Lenses: \$105, Visually Required Contact Lenses: \$225

* At Visionworks

**Discounts are not part of insured benefits