

Vision Benefit Highlights

\$75 Biennial Vision Program

Covered Services (Calendar Year)	Your Costs (You pay)	
Exam	In-Network	Out-of-Network
Routine Eye Exam at Davis Participating Providers (1 exam/Every 24 Months) ¹	No charge	\$35 Reimbursement
Retinal Imaging	\$39	Not covered
Lenses (1 pair/Every 24 Months)¹	In-Network	Out-of-Network²
Single Vision Lenses	No charge	\$75 Reimbursement ³
Bifocal Lenses	No charge	\$75 Reimbursement ³
Trifocal Lenses	No charge	\$75 Reimbursement ³
Lenticular Lenses	No charge	\$75 Reimbursement ³
Lens Options	In-Network	Out-of-Network
Progressive Lenses - Standard/Premium/Ultra/Ultimate	\$50/\$90/\$140/\$175	\$75 Reimbursement ³
Polycarbonate Lenses - Single/Multifocal ⁴	\$30	Not covered
Digital/Intermediate Lenses	\$30	Not covered
Photochromic Lenses - Single/Multifocal	\$15/\$25	Not covered
Photosensitive Lenses - Single/Multifocal	\$60/\$70	Not covered
High-Index 1.67 / High-Index 1.74 Lenses	\$55/\$120	Not covered
Blue Light Lenses	\$15	Not covered
Polarized Lenses	\$60	Not covered
Lens Coatings		
Tinted Plastic Lenses	No charge	Not covered
UV-Coated Lenses	\$12	Not covered
Scratch-Resistant Coating - Single/Multifocal	\$15/\$25	Not covered
Scratch-Protection Plan - Single/Multifocal	Not covered	Not covered
Anti-Reflective Coating - Standard/Premium/Ultra/Ultimate	\$33/\$48/\$60/\$85	Not covered
Frames (1 pair/Every 24 Months)¹	In-Network	Out-of-Network
Collection Fashion Frames	No charge	Not covered
Collection Designer Frames	No charge	Not covered
Collection Premier Frames	\$20	Not covered
Non-Collection Frames	Up to \$60 Allowance (plus a 20% discount on average) ⁵	\$75 Reimbursement ³
Visionworks Frames Option	Up to \$60 Allowance (plus a 20% discount on average) ⁵	Not covered

Contact Lenses (in lieu of glasses) (1 pair/ Every 24 Months) ¹	In-Network	Out-of-Network
Collection Contact Lenses Evaluation, Fitting & Follow-Up Care	Not covered	Not covered
Collection Contact Lenses	Not covered	Not covered
Non-Collection Standard Contact Lenses Evaluation, Fitting & Follow-Up Care ⁶	Up to \$75 Allowance	Not covered
Non-Collection Specialty & Disposable Contact Lenses Evaluation, Fitting & Follow-Up Care ⁶	Up to \$75 Allowance	Not covered
Non-Collection Contact Lenses	Up to \$75 Allowance ⁵	\$75 Reimbursement
Medically-Necessary Contact Lenses ⁷	No charge	\$75 Reimbursement

- 1 Combined in and out-of-network.
- 2 Lens Options are subject to out-of-network base lens reimbursement. See your benefit booklet for reimbursement amounts.
- 3 Combined reimbursement.
- 4 Polycarbonate lenses for dependent children, monocular patients, and patients with prescriptions greater than or equal to +/6.00 diopters are covered at no cost.
- 5 Member is responsible for balance. Additional discounts not applicable at Walmart, Costco, or Sam's Club locations.
- 6 Only covered with purchase of Non-Collection Contact Lenses.
- 7 Covered with prior approval.

This summary represents only a partial listing of benefits of the Vision Care Program described in this summary. If your employer purchases another program, the benefits may differ. Also, benefits may be further defined by the vision policy. As a result, this vision plan may not cover all of your vision or health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms and limitations of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.ibx.com/LGBooklet or call 1-800-ASK-BLUE (TTY: 711).

Benefits may be changed by Independence Blue Cross to comply with applicable federal/state laws and regulations.

Administered by Davis Vision.

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