

Vision Benefit Highlights \$175 Annual Vision Program

In-Network	Covered Services	Your Costs (You pay)	
Deductible (Individual/Family) Out-of-Pocket Maximum (Individual/Family) Exam In-Network¹ Benefit Frequency Routine Eye Exam at Davis Participating Providers Lenses In-Network¹ In-Network¹ In-Network¹ In-Network¹ In-Network² In-Network³ In-Network² In-Network² In-Network² In-Network² In-Network² In-Network² In-Network² In-Network³ In	Benefits	In-Network ¹	Out-of-Network
Dut-of-Pocket Maximum (Individual/Family) \$0/\$0 \$0/\$0	Annual Plan Maximum	Unlimited	Unlimited
In-Network Out-of-Network Dit-of-Network 1/Every 12 Months 1/Every 12 Months 1/Every 12 Months No charge \$35 Reimbursement No charge \$35 Reimbursement No charge Single Vision Lenses In-Network Out-of-Network I/Every 12 Months 1/Every 12 Months 1/Every 12 Months 1/Every 12 Months 1/Every 12 Months I/Every	Deductible (Individual/Family)	\$0/\$0	\$0/\$0
Benefit Frequency	Out-of-Pocket Maximum (Individual/Family)	\$0/\$0	\$0/\$0
Routine Eye Exam at Davis Participating Providers No charge \$35 Reimbursement	Exam	In-Network ¹	Out-of-Network
Lenses Benefit Frequency 1 / Every 12 Months 1 / Every 12 Months Single Vision Lenses No charge \$175 Reimbursement³ No charge \$175 Reimbursement³ Trifocal Lenses No charge \$175 Reimbursement³ Trifocal Lenses No charge \$175 Reimbursement³ No charge \$175 Reimbursement³ Lenticular Lenses Lenticular Lenses No charge No charge No charge Not covered Premium Progressive Lenses Premium Progressive Lenses Ultra Progressive Lenses \$90 Not covered Ultra Progressive Lenses Ultra Progressive Lenses \$90 Not covered Ultrate Progressive Lenses Ultra Progressive Lenses \$175 \$60 Reimbursement Polycarbonate Lenses - Single Vision⁵ \$30 Not applicable Photosensitive Lenses - Single Vision Photosensitive Lenses - Multifocal Vision Photosensitive Lenses - Multifocal Vision High-Index Lenses \$60 Not applicable High-Index 1.74 Lenses Blue Light Lenses \$120 Not applicable Polarized Lenses Polarized Lenses \$15 Not applicable Polarized Lenses UV-Coated Lenses \$15 No charge Not applicable Vot applicable UV-Coated Lenses Scratch-Resistant Coating Single-Vision Lenses Scratch-Protection Plan Single Vision Lenses Scratch-Protection Plan Single Vision Lenses Scratch-Protection Plan Multifocal Usion Lenses Anti-Reflective Standard Lenses Anti-Reflective Premium Lenses \$48 Not applicable	Benefit Frequency	1 / Every 12 Months	1 / Every 12 Months
Benefit Frequency	Routine Eye Exam at Davis Participating Providers	No charge	\$35 Reimbursement
Single Vision Lenses No charge \$175 Reimbursement³ Bifocal Lenses No charge \$175 Reimbursement³ Trifocal Lenses No charge \$175 Reimbursement³ Lenticular Lenses No charge \$175 Reimbursement³ Lens Options⁴ No charge \$175 Reimbursement³ Lens Options⁴ No charge Not covered Standard Progressive Lenses \$40 Not covered Ultra Progressive Lenses \$90 Not covered Ultra Progressive Lenses \$90 Not covered Ultimate Progressive Lenses \$175 \$60 Reimbursement Polycarbonate Lenses - Single Vision5 \$30 Not applicable Polycarbonate Lenses - Single Vision \$60 Not applicable Photosensitive Lenses - Single Vision \$60 Not applicable Photosensitive Lenses - Multifocal Vision \$70 Not applicable High-Index Lenses \$60 Not applicable High-Index 1,74 Lenses \$120 Not applicable Blue Light Lenses \$60 Not applicable Polarized Lenses \$60 Not applicable Lens Coatings Tin	Lenses	In-Network ¹	Out-of-Network ²
Bifocal Lenses	Benefit Frequency	1 / Every 12 Months	1 / Every 12 Months
Trifocal Lenses	Single Vision Lenses	No charge	\$175 Reimbursement ³
Lenticular Lenses Lens Options ⁴ Standard Progressive Lenses Premium Progressive Lenses Ultra Progressive Lenses Ultra Progressive Lenses \$90 Not covered Not covered Ultra Progressive Lenses \$175 \$60 Reimbursement Polycarbonate Lenses - Single Vision ⁵ Polycarbonate Lenses - Multifocal Vision Photosensitive Lenses – Single Vision Photosensitive Lenses – Multifocal Vision Polarized Lenses – Multifocal Vision Blue Light-Index 1.74 Lenses \$120 Not applicable Polarized Lenses \$15 Not applicable Lens Coatings Tinted Plastic Lenses No charge Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$12 Scratch-Resistant Coating Multifocal Lenses Scratch-Protection Plan Single Vision Lenses Scratch-Protection Plan Multifocal Vision Lenses Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable	Bifocal Lenses	No charge	\$175 Reimbursement ³
Standard Progressive Lenses	Trifocal Lenses	No charge	\$175 Reimbursement ³
Standard Progressive Lenses Premium Progressive Lenses \$40 Not covered Not covered Ultra Progressive Lenses \$90 Not covered Ultimate Progressive Lenses \$175 \$60 Reimbursement Polycarbonate Lenses - Single Vision ⁵ Polycarbonate Lenses - Multifocal Vision ⁶ Photosensitive Lenses - Single Vision Photosensitive Lenses - Multifocal Vision Photosensitive Lenses Polycarbonate Lenses Photosensitive Lenses - Multifocal Vision Photosensitive Lenses - Multifocal Lenses Polarical Lenses Pol	Lenticular Lenses	No charge	\$175 Reimbursement ³
Premium Progressive Lenses \$40 Not covered Ultra Progressive Lenses \$90 Not covered Ultimate Progressive Lenses \$175 \$60 Reimbursement Polycarbonate Lenses - Single Vision ⁵ \$30 Not applicable Polycarbonate Lenses - Multifocal Vision ⁵ \$30 Not applicable Photosensitive Lenses - Single Vision \$60 Not applicable Photosensitive Lenses - Multifocal Vision \$70 Not applicable High-Index Lenses \$60 Not applicable High-Index 1.74 Lenses \$120 Not applicable Blue Light Lenses \$15 Not applicable Polarized Lenses \$60 Not applicable UV-Coated Lenses \$60 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$12 Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Multifocal Lenses \$15 Not applicable Scratch-Protection Plan Single Vision Lenses \$25 Not applicable Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	Lens Options ⁴		
Ultra Progressive Lenses \$90 Not covered Ultimate Progressive Lenses \$175 \$60 Reimbursement Polycarbonate Lenses - Single Vision ⁵ \$30 Not applicable Polycarbonate Lenses - Multifocal Vision ⁵ \$30 Not applicable Photosensitive Lenses - Single Vision \$60 Not applicable Photosensitive Lenses - Multifocal Vision \$70 Not applicable High-Index Lenses \$60 Not applicable High-Index 1.74 Lenses \$120 Not applicable Blue Light Lenses \$15 Not applicable Polarized Lenses \$60 Not applicable UV-Coated Lenses \$60 Not applicable Ens Coatings Tinted Plastic Lenses \$60 Not applicable UV-Coated Lenses \$15 Not applicable UV-Coated Lenses \$12 Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Resistant Coating Multifocal Lenses \$25 Not applicable Scratch-Protection Plan Single Vision Lenses Scratch-Protection Plan Multifocal Vision Lenses Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	Standard Progressive Lenses	No charge	Not covered
Ultimate Progressive Lenses \$175 \$60 Reimbursement Polycarbonate Lenses - Single Vision ⁵ \$30 Not applicable Polycarbonate Lenses - Multifocal Vision ⁵ \$30 Not applicable Photosensitive Lenses - Single Vision \$60 Not applicable Photosensitive Lenses - Multifocal Vision \$70 Not applicable High-Index Lenses \$60 Not applicable High-Index 1.74 Lenses \$120 Not applicable Blue Light Lenses \$15 Not applicable Polarized Lenses \$60 Not applicable Uv-Coated Lenses \$60 Not applicable UV-Coated Lenses \$12 Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Protection Plan Single Vision Lenses \$25 Not applicable Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	Premium Progressive Lenses	\$40	Not covered
Polycarbonate Lenses - Single Vision ⁵ \$30 Not applicable Polycarbonate Lenses - Multifocal Vision ⁵ \$30 Not applicable Photosensitive Lenses - Single Vision \$60 Not applicable Photosensitive Lenses - Multifocal Vision \$70 Not applicable High-Index Lenses \$60 Not applicable High-Index 1.74 Lenses \$120 Not applicable Blue Light Lenses \$15 Not applicable Polarized Lenses \$60 Not applicable Eens Coatings Tinted Plastic Lenses No charge Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Resistant Coating Multifocal Lenses \$25 Not applicable Scratch-Protection Plan Single Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	Ultra Progressive Lenses	\$90	Not covered
Polycarbonate Lenses - Multifocal Vision ⁵ \$30 Not applicable Photosensitive Lenses - Single Vision \$60 Not applicable Photosensitive Lenses - Multifocal Vision \$70 Not applicable High-Index Lenses \$60 Not applicable High-Index 1.74 Lenses \$120 Not applicable Blue Light Lenses \$15 Not applicable Polarized Lenses \$60 Not applicable Polarized Lenses \$60 Not applicable Uv-Coatings Tinted Plastic Lenses No charge Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Resistant Coating Multifocal Lenses \$25 Not applicable Scratch-Protection Plan Single Vision Lenses Not covered Not applicable Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	Ultimate Progressive Lenses	\$175	\$60 Reimbursement
Photosensitive Lenses – Single Vision \$60 Not applicable Photosensitive Lenses – Multifocal Vision \$70 Not applicable High-Index Lenses \$60 Not applicable High-Index 1.74 Lenses \$120 Not applicable Blue Light Lenses \$15 Not applicable Polarized Lenses \$60 Not applicable Polarized Lenses \$60 Not applicable Ursupplicable Lens Coatings Tinted Plastic Lenses No charge Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Resistant Coating Multifocal Lenses \$25 Not applicable Scratch-Protection Plan Single Vision Lenses Not covered Not applicable Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	Polycarbonate Lenses - Single Vision ⁵	\$30	Not applicable
Photosensitive Lenses – Multifocal Vision \$70 Not applicable High-Index Lenses \$60 Not applicable High-Index 1.74 Lenses \$120 Not applicable Blue Light Lenses \$15 Not applicable Polarized Lenses \$60 Not applicable Lens Coatings Tinted Plastic Lenses No charge Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Resistant Coating Multifocal Lenses \$25 Not applicable Scratch-Protection Plan Single Vision Lenses Not covered Not applicable Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	Polycarbonate Lenses - Multifocal Vision ⁵	\$30	Not applicable
High-Index Lenses \$60 Not applicable High-Index 1.74 Lenses \$120 Not applicable Blue Light Lenses \$15 Not applicable Polarized Lenses \$60 Not applicable Lens Coatings Tinted Plastic Lenses No charge Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Resistant Coating Multifocal Lenses \$25 Not applicable Scratch-Protection Plan Single Vision Lenses Not covered Not applicable Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	Photosensitive Lenses – Single Vision	\$60	Not applicable
High-Index 1.74 Lenses \$120 Not applicable Blue Light Lenses \$15 Not applicable Polarized Lenses \$60 Not applicable Lens Coatings Tinted Plastic Lenses No charge Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Resistant Coating Multifocal Lenses \$25 Not applicable Scratch-Protection Plan Single Vision Lenses Not covered Not applicable Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	Photosensitive Lenses – Multifocal Vision	\$70	Not applicable
Blue Light Lenses \$15 Not applicable Polarized Lenses \$60 Not applicable Lens Coatings Tinted Plastic Lenses No charge Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Resistant Coating Multifocal Lenses \$25 Not applicable Scratch-Protection Plan Single Vision Lenses Not covered Not applicable Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	High-Index Lenses	\$60	Not applicable
Polarized Lenses Lens Coatings Tinted Plastic Lenses No charge Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Resistant Coating Multifocal Lenses \$25 Not applicable Scratch-Protection Plan Single Vision Lenses Not covered Not applicable Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	High-Index 1.74 Lenses	\$120	Not applicable
Lens Coatings Tinted Plastic Lenses No charge Not applicable UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Resistant Coating Multifocal Lenses \$25 Not applicable Scratch-Protection Plan Single Vision Lenses Not covered Not applicable Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	Blue Light Lenses	\$15	Not applicable
Tinted Plastic Lenses UV-Coated Lenses \$12 Not applicable Scratch-Resistant Coating Single-Vision Lenses \$15 Not applicable Scratch-Resistant Coating Multifocal Lenses \$25 Not applicable Scratch-Protection Plan Single Vision Lenses Not covered Not applicable Scratch-Protection Plan Multifocal Vision Lenses Not covered Not applicable Anti-Reflective Standard Lenses \$33 Not applicable Not applicable Not applicable Not applicable Not applicable	Polarized Lenses	\$60	Not applicable
UV-Coated Lenses\$12Not applicableScratch-Resistant Coating Single-Vision Lenses\$15Not applicableScratch-Resistant Coating Multifocal Lenses\$25Not applicableScratch-Protection Plan Single Vision LensesNot coveredNot applicableScratch-Protection Plan Multifocal Vision LensesNot coveredNot applicableAnti-Reflective Standard Lenses\$33Not applicableAnti-Reflective Premium Lenses\$48Not applicable	Lens Coatings		
Scratch-Resistant Coating Single-Vision Lenses Scratch-Resistant Coating Multifocal Lenses Scratch-Protection Plan Single Vision Lenses Not covered Not applicable	Tinted Plastic Lenses	No charge	Not applicable
Scratch-Resistant Coating Multifocal Lenses\$25Not applicableScratch-Protection Plan Single Vision LensesNot coveredNot applicableScratch-Protection Plan Multifocal Vision LensesNot coveredNot applicableAnti-Reflective Standard Lenses\$33Not applicableAnti-Reflective Premium Lenses\$48Not applicable	UV-Coated Lenses	\$12	Not applicable
Scratch-Protection Plan Single Vision LensesNot coveredNot applicableScratch-Protection Plan Multifocal Vision LensesNot coveredNot applicableAnti-Reflective Standard Lenses\$33Not applicableAnti-Reflective Premium Lenses\$48Not applicable	Scratch-Resistant Coating Single-Vision Lenses	\$15	Not applicable
Scratch-Protection Plan Multifocal Vision LensesNot coveredNot applicableAnti-Reflective Standard Lenses\$33Not applicableAnti-Reflective Premium Lenses\$48Not applicable	Scratch-Resistant Coating Multifocal Lenses	\$25	Not applicable
Anti-Reflective Standard Lenses \$33 Not applicable Anti-Reflective Premium Lenses \$48 Not applicable	Scratch-Protection Plan Single Vision Lenses	Not covered	Not applicable
Anti-Reflective Premium Lenses \$48 Not applicable	Scratch-Protection Plan Multifocal Vision Lenses	Not covered	Not applicable
	Anti-Reflective Standard Lenses	\$33	Not applicable
Anti-Reflective Ultra Lenses \$60 Not applicable	Anti-Reflective Premium Lenses	\$48	Not applicable
	Anti-Reflective Ultra Lenses	\$60	Not applicable

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Anti-Reflective Ultimate Lenses	\$85	Not applicable
Frames	In-Network ¹	Out-of-Network
Benefit Frequency	1 / Every 12 Months	1 / Every 12 Months
Davis Collection Fashion Frames	No charge	Not applicable
Davis Collection Designer Frames	No charge	Not applicable
Davis Collection Premier Frames	No charge	Not applicable
Non-Davis Collection Frames	Up to \$100 Allowance (plus a 20% discount on overage) ⁶	\$175 Reimbursement ³
Visionworks Frames Option	Up to \$100 Allowance (plus a 20% discount on overage) ⁶	Not applicable
Contact Lenses (in lieu of glasses)	In-Network ¹	Out-of-Network
Benefit Frequency	1 / Every 12 Months	1 / Every 12 Months
Davis Collection Standard Daily Contact Lenses & Evaluation	Not covered	Not applicable
Davis Collection Specialty Contact Lenses & Evaluation	Not covered	Not applicable
Davis Collection Disposable Contact Lenses & Evaluation	Not covered	Not applicable
Non-Davis Collection Contact Lenses & Evaluation	Up to \$175 Allowance	\$175 Reimbursement
Medically-Necessary Contact Lenses ⁷	No charge	\$175 Reimbursement

- 1 Participating Davis provider benefit.
- 2 Lens Options are subject to out-of-network base lens reimbursement. See your benefit booklet for reimbursement amounts.
- 3 Combined cost share.
- 4 Spectacle lens options are available at most participating providers and member pays fixed discounted prices.
- 5 Polycarbonate lenses for dependent children, monocular patients, and patients with prescriptions greater than or equal to +/6.00 diopters are covered at no cost.
- 6 Member is responsible for balance. Additional discounts not applicable at Walmart, Costco, or Sam's Club locations.
- 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.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. www.ibx.com

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