

# Vision Benefit Highlights

## \$175 Annual Vision Program

Covered Services	Your Costs (You pay)	
<b>Benefits</b>	<b>In-Network<sup>1</sup></b>	<b>Out-of-Network</b>
Annual Plan Maximum	Unlimited	Unlimited
Deductible (Individual/Family)	\$0/\$0	\$0/\$0
Out-of-Pocket Maximum (Individual/Family)	\$0/\$0	\$0/\$0
<b>Exam</b>	<b>In-Network<sup>1</sup></b>	<b>Out-of-Network</b>
Benefit Frequency	1 / Every 12 Months	1 / Every 12 Months
Routine Eye Exam at Davis Participating Providers	No charge	\$35 Reimbursement
<b>Lenses</b>	<b>In-Network<sup>1</sup></b>	<b>Out-of-Network<sup>2</sup></b>
Benefit Frequency	1 / Every 12 Months	1 / Every 12 Months
Single Vision Lenses	No charge	\$175 Reimbursement <sup>3</sup>
Bifocal Lenses	No charge	\$175 Reimbursement <sup>3</sup>
Trifocal Lenses	No charge	\$175 Reimbursement <sup>3</sup>
Lenticular Lenses	No charge	\$175 Reimbursement <sup>3</sup>
Lens Options <sup>4</sup>		
Standard Progressive Lenses	No charge	Not covered
Premium Progressive Lenses	\$40	Not covered
Ultra Progressive Lenses	\$90	Not covered
Ultimate Progressive Lenses	\$175	\$60 Reimbursement
Polycarbonate Lenses - Single Vision <sup>5</sup>	\$30	Not applicable
Polycarbonate Lenses - Multifocal Vision <sup>5</sup>	\$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
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
Anti-Reflective Ultra Lenses	\$60	Not applicable

Anti-Reflective Ultimate Lenses	\$85	Not applicable
<b>Frames</b>	<b>In-Network<sup>1</sup></b>	<b>Out-of-Network</b>
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) <sup>6</sup>	\$175 Reimbursement <sup>3</sup>
Visionworks Frames Option	Up to \$100 Allowance (plus a 20% discount on overage) <sup>6</sup>	Not applicable
<b>Contact Lenses (in lieu of glasses)</b>	<b>In-Network<sup>1</sup></b>	<b>Out-of-Network</b>
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 <sup>7</sup>	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](http://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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