

In-Network Benefits		Frequency – Once Every:	
Eye Health Examination Including Dilation (when professionally indicated)		12 Months	
Spectacle Lenses		12 Months	
Frame		24 Months	
Contact Lens Evaluation, Fitting & Follow-Up		12 Months	
Contact Lenses (in lieu of eyeglasses)		12 Months	
Copayments			
Eye Health Examination		\$10	
Eyewear (spectacle lenses and/or frames)		\$25	
Eyeglass Benefit – Frames	Average Retail Value	Member Benefit	
Frame	Up to \$150	Allowance up to \$150 20% discount on any overage that may apply <sup>1</sup>	
Davis Vision Frame Collection <sup>2</sup> (in lieu of Allowance)	Average Retail Value	Member Benefit	
Fashion level (up to \$125)	Up to \$125	Included	
Designer level (up to \$175)	Up to \$175	Included	
Premier level (up to \$225)	Up to \$225	\$25 copayment	
Eyeglass Benefit – Spectacle Lenses	Average Retail Value	Member Benefit	
Clear Plastic Single Vision, Bifocal, Trifocal or Lenticular Lenses (any Rx)	\$60-\$120	Included	
Oversize Lenses, Fashion and Gradient Tinting of Plastic Lenses	\$20	Included	
Polycarbonate Lenses <sup>3</sup>	\$60-\$75	\$0 or \$30	
Scratch Protection	\$30-\$60	Included	
Ultraviolet Coating	\$25-\$30	\$12	
Standard Anti-Reflective (AR) Coating, Premium AR Coating, Ultra AR Coating	\$50-\$125	\$35   \$48   \$60	
Standard Progressive Lenses, Premium Progressives, Ultra Progressives	\$150-\$425	\$50   \$90   \$140	
Intermediate-Vision Lenses	\$150-\$175	\$30	
Blended-Segment Lenses	\$40-\$50	\$20	
High-Index Lenses	\$90-\$150	\$55	
Polarized Lenses	\$95-\$110	\$75	
Photochromic Glass Lenses	\$30-\$60	\$20	
Plastic Photosensitive Lenses	\$95-\$150	\$65	
Scratch Protection Plan: Single Vision   Multifocal Lenses		\$20   \$40	
Contact Lens Benefits (in lieu of eyeglasses)			
Prescription Contact Lenses (materials):		Allowance up to \$130 15% discount on any overage that may apply <sup>1</sup>	
- Evaluation and Fitting Fees – Standard Contact Lens Type		Included	
- Evaluation and Fitting Fees – Specialty Contact Lens Type		Allowance up to \$60 15% discount on any overage that may apply <sup>1</sup>	
Medically Necessary Contact Lenses (with prior approval) - Materials, Evaluation and Fitting Fees		Included	
Out-of-Network Benefits (Member Reimbursement)			
Eye Examination: up to \$30	Single Vision Lenses: up to \$25	Trifocal Lenses: up to \$45	Elective Contact Lenses: up to \$75
Frame: up to \$30	Bifocal Lenses: up to \$35	Lenticular Lenses: up to \$60	Medically Necessary Contact Lenses: up to \$225

<sup>1</sup>Discounts are not available at Walmart, Sam's Club or Costco locations. | <sup>2</sup>Collection is available at some participating independent provider offices. | <sup>3</sup>Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions  $\geq$  +/- 6.00 diopters.

**One-year eyeglass breakage warranty included**

## Network

- Visit [www.bcbsla.com/FindCare](http://www.bcbsla.com/FindCare) and select Vision to find a Davis Vision network provider.

## ID Cards

- A combined ID card is issued for members with both medical and vision. An ID card is also issued if subscribers have vision only.
- Members should show their ID card to Davis Vision provider at time of service.
- The Customer Service phone number is 800-247-9368.

# Vision Rate Card



## Employer Paid | 100% Employer Funded

Rates Funded	Plan 1	Plan 2	Plan 3
Employee	\$6.18	\$5.65	\$4.66
Employee and Spouse	\$11.00	\$10.06	\$8.29
Employee and Children	\$14.52	\$13.28	\$10.95
Family	\$21.07	\$19.27	\$15.89

## Contributory | 25% - 99% Employer Funded

Rates Funded	Plan 1	Plan 2	Plan 3
Employee	\$7.84	\$6.67	\$5.92
Employee and Spouse	\$14.19	\$12.07	\$10.72
Employee and Children	\$18.89	\$16.07	\$14.27
Family	\$27.52	\$23.41	\$20.78

## Voluntary | 0% - 24% Employer Funded

Rates Funded	Plan 1	Plan 2	Plan 3
Employee	\$9.51	\$7.36	\$6.87
Employee and Spouse	\$17.78	\$13.76	\$12.85
Employee and Children	\$23.87	\$18.47	\$17.24
Family	\$35.19	\$27.23	\$25.42

Rates for groups with 2-500 eligible employees.