

Choose an adult vision plan

	Vision Care 150	Vision Care 200
In-network benefits	You pay	You pay
Frequency (exam and hardware)	Once every calendar year	Once every calendar year
Copays for exam and lenses	\$0	\$0
Frames	You pay	You pay
Davis Vision Exclusive Collection frames (instead of allowance):		
• Fashion selection	\$0 copay	\$0 copay
• Designer selection	\$15 copay	\$0 copay
• Premier selection	\$40 copay	\$0 copay
Non-Collection frame allowance	Up to \$100, or up to \$150 ² at Visionworks, 20% discount on overage ¹	Up to \$150, or up to \$200 ² at Visionworks, 20% discount on overage ³
Lens options	You pay	You pay
Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any Rx)	\$0	\$0
Tinting of plastic lenses	\$15	\$0
Scratch-resistant coating	\$0	\$0
Polycarbonate lenses	\$35	\$0
Ultraviolet coating	\$0	\$0
Anti-reflective (AR) coating (standard/premium/ultra/ultimate)	\$40/\$55/\$69/\$85	\$35/\$48/\$60/\$85
Progressive lenses (standard/premium/ultra/ultimate)	\$65/\$105/\$140/\$175	\$0/\$40/\$90/\$125
High-index lenses (single/multi)	\$60/\$120	\$55/\$120
Transition lenses (plastic photosensitive)	\$70	\$65
Polarized lenses	\$75	\$75
Contact lenses (instead of eyeglasses)	Benefit	Benefit
Davis Vision Contact Lens Collection (instead of allowance)		
• Disposable	Not covered	8 boxes/multi-packs
• Planned replacement	Not covered	4 boxes/multi-packs
• Evaluation, fitting, and follow-up care	Not covered	Included
Non-Collection contact lenses: Materials allowance	Up to \$100, plus 15% discount on overage ³	Up to \$150, plus 15% discount on overage ³
Medically necessary contact lenses (with prior approval): Materials, evaluation, fitting, and follow-up care	Included	Included
Out-of-network	Reimbursable amount (up to)	Reimbursable amount (up to)
Eye examination	\$40	\$40
Frames	\$50	\$50
Lenses: Single/bifocal/trifocal/lenticular	\$40/\$60/\$80/\$100	\$40/\$60/\$80/\$100
Elective contact lenses	\$80	\$105
Medically necessary contact lenses	\$225	\$225

Monthly premiums

Family tier	Vision Care 150	Vision Care 200
Individual	\$13.83	\$17.12
Individual + one dependent	\$27.66	\$34.25
Individual + two or more dependents	\$41.49	\$51.37

¹ Discount not available at Walmart, Sam's Club, and Costco.

² Enhanced frame allowance available at all Visionworks locations nationwide.

³ Certain plan benefits may be enhanced to comply with health care reform law/regulations. Eligible dependent children are covered to age 26.