

# FASHION + PLAN

One-year eyeglass breakage warranty included

## **In-Network Benefits**

| Frequency – Once Every:  |  |  |
|--|--|--|
| Eye Examination inclusive of dilation (when professionally indicated)                      | 12 months  |  |
| Spectacle Lenses   | 12 months  |  |
| Frame  | 24 months  |  |
| Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)                  | 12 months  |  |
| Contact Lenses (in lieu of eyeglasses)   | 12 months  |  |
| Copayments   |  |  |
| Eye Examination  | \$10   |  |
| Spectacle Lenses   | \$25   |  |
| Eyeglass Benefit – Frame   |  |  |
| Frame Allowance (Retail):  | Up to \$100 / (\$150*)<br>plus a 20% discount on any overage at<br>Visionworks locations nationwide¹ |  |
| Davis Vision Frame Collection <sup>2</sup> (in lieu of Allowance):                         |  |  |
| Fashion level  | Covered  |  |
| Designer level   | \$15 member charge   |  |
| Premier level  | \$40 member charge   |  |
| Eyeglass Benefit - Spectacle Lenses Member Charges   |  |  |
| Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx) | Covered  |  |
| Oversize Lenses  | Covered  |  |
| Tinting of Plastic Lenses  | \$15   |  |
| Scratch-Resistant Coating  | Covered  |  |
| Polycarbonate Lenses (Children <sup>3</sup> / Adults)                                      | \$0/\$35   |  |
| Ultraviolet Coating  | Covered  |  |
| Anti-Reflective (AR) Coating (Standard / Premium / Ultra)                                  | \$40/\$55/\$69   |  |
| Progressive Lenses (Standard / Premium/Ultra)  | \$65/\$105/\$140   |  |

| Intermediate Vision Lenses  | \$30   |  |
|---|--|--|
| High-Index Lenses   | \$60   |  |
| Polarized Lenses  | \$75   |  |
| Plastic Photochromic Lenses   | \$70   |  |
| Scratch Protection Plan: Single Vision / Multifocal Lenses              | \$20/\$40  |  |
| Contact Lens Benefit (in lieu of eyeglasses)                            |  |  |
| Contact Lens: Materials Allowance                                       | Up to \$100<br>Plus a 15% discount on any overage¹ |  |
| Evaluation, Fitting & Follow-Up Care – Standard & Specialty Lens Types  | 15% Discount <sup>1</sup>                          |  |
| Visually Required Contact Lenses (with prior approval)                  |  |  |
| <ul> <li>Materials, Evaluation, Fitting &amp; Follow-Up Care</li> </ul> | Covered  |  |
|   |  |  |

### **Out-of-Network Reimbursement Schedule: up to**

| Eye Examination: \$40 | Frame: \$50              | Single Vision Lenses: \$40    | Bifocal/Progressive Lenses: \$60 |
|-----------------------|--------------------------|-------------------------------|----------------------------------|
| Trifocal Lenses: \$80 | Lenticular Lenses: \$100 | Elective Contact Lenses: \$80 | Visually Required CL: \$225      |

### www.davisvision.com

#### 1-800-999-5431

Nondiscrimination Notice and Language Access Services

This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en su tarjeta de identificación (TTY: 711).

注意:如果您使用简体中文,您可以免费获得语言协助服务。请致电您ID卡上的电话号码。

\*An affiliate of Independence Administrators has a financial interest in Visionworks.

<sup>1</sup>Additional discounts not applicable at Walmart or Sam's Club locations.

<sup>2</sup>Collection is available at most participating independent provider offices. Collection is subject to change.

<sup>3</sup>Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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