



Summary of Benefits: Horizon Vista II

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			12 months
Contact lenses (in lieu of eyeglasses)			12 months
			Copayments
Eye examination			\$10
Spectacle lenses			\$25
Eyeglass Benefit — Frame		Average Retail Value	Member Charges
Non-Collection frame allowance (Retail):		Up to \$100	Up to \$100 or \$150 ¹ plus a 20% discount ² on any overage
Davis Vision Frame Collection ³ (in lieu of allowance):			
Fashion level		Up to \$125	Included
Designer level		Up to \$175	\$15 copayment
Premier level		Up to \$225	\$40 copayment
Eyeglass Benefit — Spectacle Lenses		Average Retail Value	Member Charges
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)		\$60-\$120	Included
Oversize lenses		\$20	Included
Tinting of plastic lenses		\$20	\$15
Scratch-resistant coating		\$25-\$40	Included
Polycarbonate lenses ⁴		\$60-\$75	\$0 or \$35
Ultraviolet coating		\$25-\$30	\$15
Standard anti-reflective (AR) coating		\$50-\$70	\$40
Premium AR coating		\$65-\$90	\$55
Ultra AR coating		\$100-\$125	\$69
Standard progressive lenses		\$150-\$195	\$65
Premium progressives		\$195-\$300	\$105
Intermediate-vision lenses		\$150-\$175	\$30
High-index lenses		\$90-\$150	\$60
Polarized lenses		\$95-\$110	\$75
Plastic photosensitive lenses		\$95-\$150	\$70
Scratch Protection Plan: Single vision Multifocal lenses			\$20 \$40
Contact Lens Benefit (in lieu of eyeglasses):			
Contact lenses: Materials allowance			Up to \$100 plus a 15% discount ² on any overage
Evaluation, fitting & follow-up care — standard and specialty lens types			15% discount ²
Medically necessary contact lenses (with prior approval) — Materials, evaluation, fitting & follow-up care			Included
Out-of-Network Reimbursement Schedule — Up to:			
Eye examination: \$40	Single-vision lenses: \$40	Trifocal lenses: \$80	Elective contact lenses: \$80
Frame: \$50	Bifocal/progressive lenses: \$60	Lenticular lenses: \$100	Medically necessary contact lenses: \$225

1 Enhanced frame allowance is available at all Visionworks locations nationwide.

2 Discount not applicable at Walmart, Sam's Club or Costco.

3 Collection is available at most participating independent provider offices. Collection is subject to change. One-year eyeglass breakage warranty included.

4 Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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Summary of Benefits: Expanse V

In-Network Benefits			
			Frequency — Once Every:
Eye examination inclusive of dilation (when professionally indicated)			12 months
Spectacle lenses			12 months
Frame			12 months
Contact lens evaluation, fitting & follow-up care			12 months
Contact lenses (in lieu of eyeglasses)			12 months
			Copayments
Eye examination			\$0
Spectacle lenses			\$10
Contact lens evaluation, fitting & follow-up care			\$0 ¹
Eyeglass Benefit — Frame		Average Retail Value	Member Charges
Non-Collection frame allowance (Retail):		Up to \$150	Up to \$150 or up to \$200 ² plus a 20% discount ³ on any average
Davis Vision Frame Collection ⁴ (in lieu of allowance):			
Fashion level		Up to \$125	Included
Designer level		Up to \$175	Included
Premier level		Up to \$225	Included
Eyeglass Benefit — Spectacle Lenses		Average Retail Value	Member Charges
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)		\$60-\$120	Included
Oversize lenses		\$20	Included
Tinting of plastic lenses		\$20	Included
Scratch-resistant coating		\$25-\$40	Included
Polycarbonate lenses ⁵		\$60-\$75	Included
Ultraviolet coating		\$25-\$30	Included
Standard anti-reflective (AR) coating		\$50-\$70	\$35
Premium AR coating		\$65-\$90	\$48
Ultra AR coating		\$100-\$125	\$60
Standard progressive lenses		\$150-\$195	Included
Premium progressives		\$195-\$300	\$40
Intermediate-vision lenses		\$150-\$175	Included
High-index lenses		\$90-\$150	\$55
Polarized lenses		\$95-\$110	\$75
Plastic photosensitive lenses		\$95-\$150	\$65
Scratch Protection Plan: Single vision Multifocal lenses			\$20 \$40
Contact Lens Benefit (in lieu of eyeglasses):			
Contact lenses: Materials allowance			Up to \$150 plus a 15% discount ³ on any average
Evaluation, fitting & follow-up care — standard and specialty lens types			15% discount ³
Collection Contact Lenses ⁴ (in lieu of allowance) — Materials			
Disposable			8 boxes/multipacks
Planned Replacement			4 boxes/multipacks
Evaluation, fitting & follow-up care			Included
Medically necessary contact lenses (with prior approval) — Materials, evaluation, fitting & follow-up care			Included
Out-of-Network Reimbursement Schedule — Up to:			
Eye examination: \$40	Single-vision lenses: \$40	Trifocal lenses: \$80	Elective contact lenses: \$105
Frame: \$50	Bifocal/progressive lenses: \$60	Lenticular lenses: \$100	Medically necessary contact lenses: \$225

1 Copayment applies to Collection Contact Lenses only.

2 Enhanced frame allowance is available at all Visionworks locations nationwide.

3 Discount not applicable at Walmart, Sam's Club or Costco.

4 Collection is available at most participating independent provider offices. Collection is subject to change. One-year eyeglass breakage warranty included.

5 Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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Summary of Benefits: Panorama IV A

In-Network Benefits			
			Frequency — Once Every:
Eye examination inclusive of dilation (when professionally indicated)			12 months
Spectacle lenses			12 months
Frame			12 months
Contact lens evaluation, fitting & follow-up care			12 months
Contact lenses (in lieu of eyeglasses)			12 months
			Copayments
Eye examination			\$10
Spectacle lenses			\$25
Contact lens evaluation, fitting & follow-up care			\$0 ¹
Eyeglass Benefit — Frame		Average Retail Value	Member Charges
Non-Collection frame allowance (Retail):		Up to \$130	Up to \$130 or \$180 ² plus a 20% discount ³ on any overage
Davis Vision Frame Collection⁴ (in lieu of allowance):			
Fashion level		Up to \$125	Included
Designer level		Up to \$175	Included
Premier level		Up to \$225	\$25 copayment
Eyeglass Benefit — Spectacle Lenses		Average Retail Value	Member Charges
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)		\$60-\$120	Included
Oversize lenses		\$20	Included
Tinting of plastic lenses		\$20	Included
Scratch-resistant coating		\$25-\$40	Included
Polycarbonate lenses ⁵		\$60-\$75	\$0 or \$30
Ultraviolet coating		\$25-\$30	\$12
Standard anti-reflective (AR) coating		\$50-\$70	\$35
Premium AR coating		\$65-\$90	\$48
Ultra AR coating		\$100-\$125	\$60
Standard progressive lenses		\$150-\$195	\$50
Premium progressives		\$195-\$300	\$90
Intermediate-vision lenses		\$150-\$175	\$30
High-index lenses		\$90-\$150	\$55
Polarized lenses		\$95-\$110	\$75
Plastic photosensitive lenses		\$95-\$150	\$65
Scratch Protection Plan: Single vision Multifocal lenses			\$20 \$40
Contact Lens Benefit (in lieu of eyeglasses):			
Contact lenses: Materials allowance			Up to \$130 plus a 15% discount ³ on any overage
Evaluation, fitting & follow-up care — standard and specialty lens types			15% discount ³
Collection Contact Lenses ⁴ (in lieu of allowance) — Materials			
Disposable			8 boxes/multipacks
Planned Replacement			4 boxes/multipacks
Evaluation, fitting & follow-up care			Included
Medically necessary contact lenses (with prior approval) — Materials, evaluation, fitting & follow-up care			Included
Out-of-Network Reimbursement Schedule — Up to:			
Eye examination: \$40	Single-vision lenses: \$40	Trifocal lenses: \$80	Elective contact lenses: \$105
Frame: \$50	Bifocal/progressive lenses: \$60	Lenticular lenses: \$100	Medically necessary contact lenses: \$225

1 Copayment applies to Collection Contact Lenses only.

2 Enhanced frame allowance is available at all Visionworks locations nationwide.

3 Discount not applicable at Walmart, Sam's Club or Costco.

4 Collection is available at most participating independent provider offices. Collection is subject to change. One-year eyeglass breakage warranty included.

5 Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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Summary of Benefits: Panorama IV B

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			12 months
Contact lenses (in lieu of eyeglasses)			12 months
			Copayments
Eye examination			\$10
Spectacle lenses			\$25
Contact lens evaluation, fitting & follow-up care			\$0 ¹
Eyeglass Benefit — Frame		Average Retail Value	Member Charges
Non-Collection frame allowance (Retail):		Up to \$130	Up to \$130 or \$180 ² plus a 20% discount ³ on any average
Davis Vision Frame Collection⁴ (in lieu of allowance):			
Fashion level		Up to \$125	Included
Designer level		Up to \$175	Included
Premier level		Up to \$225	\$25 copayment
Eyeglass Benefit — Spectacle Lenses		Average Retail Value	Member Charges
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)		\$60-\$120	Included
Oversize lenses		\$20	Included
Tinting of plastic lenses		\$20	Included
Scratch-resistant coating		\$25-\$40	Included
Polycarbonate lenses ⁵		\$60-\$75	\$0 or \$30
Ultraviolet coating		\$25-\$30	\$12
Standard anti-reflective (AR) coating		\$50-\$70	\$35
Premium AR coating		\$65-\$90	\$48
Ultra AR coating		\$100-\$125	\$60
Standard progressive lenses		\$150-\$195	\$50
Premium progressives		\$195-\$300	\$90
Intermediate-vision lenses		\$150-\$175	\$30
High-index lenses		\$90-\$150	\$55
Polarized lenses		\$95-\$110	\$75
Plastic photosensitive lenses		\$95-\$150	\$65
Scratch Protection Plan: Single vision Multifocal lenses			\$20 \$40
Contact Lens Benefit (in lieu of eyeglasses):			
Contact lenses: Materials allowance			Up to \$130 plus a 15% discount ³ on any average
Evaluation, fitting & follow-up care — standard and specialty lens types			15% discount ³
Collection Contact Lenses ⁴ (in lieu of allowance) — Materials			
Disposable			4 boxes/multipacks
Planned Replacement			2 boxes/multipacks
Evaluation, fitting & follow-up care			Included
Medically necessary contact lenses (with prior approval) — Materials, evaluation, fitting & follow-up care			Included
Out-of-Network Reimbursement Schedule — Up to:			
Eye examination: \$40	Single-vision lenses: \$40	Trifocal lenses: \$80	Elective contact lenses: \$105
Frame: \$50	Bifocal/progressive lenses: \$60	Lenticular lenses: \$100	Medically necessary contact lenses: \$225

1 Copayment applies to Collection Contact Lenses only.

2 Enhanced frame allowance is available at all Visionworks locations nationwide.

3 Discount not applicable at Walmart, Sam's Club or Costco.

4 Collection is available at most participating independent provider offices. Collection is subject to change. One-year eyeglass breakage warranty included.

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