



## Options & upgrades

### Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX).....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0 or \$30
High-Index Lenses 1.67.....	\$55
High-Index Lenses 1.74.....	\$120
Polarized Lenses.....	\$75
Progressive Lenses (Standard / Premium / Ultra / Ultimate).....	\$50 / \$90 / \$140 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate).....	\$35 / \$48 / \$60 / \$85
Ultraviolet Coating.....	\$12
Tinting of Plastic Lenses (Solid / Gradient).....	\$0
Plastic Photochromic Lenses (Transitions® Signature™).....	\$65
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating.....	\$30
Digital Single Vision Lenses.....	\$30
Scratch-Protection Plan (Single-Vision   Multifocal).....	\$20   \$40
Trivex Lenses.....	\$50
Blue Light Filtering.....	\$15

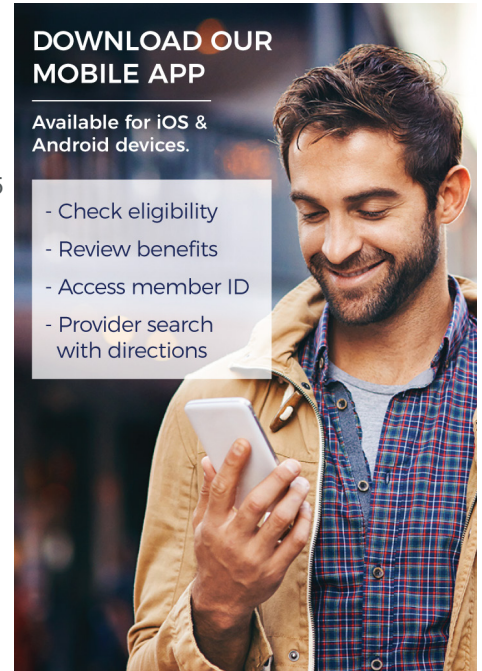
### Additional savings

Retinal imaging (Member charge).....	\$39
Additional pairs of eyeglasses.....	30% discount <sup>2</sup>

### DOWNLOAD OUR MOBILE APP

Available for iOS & Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



Employee rates	Monthly	Annually
Employee	\$9.36	\$112.32
Employee + Spouse	\$15.32	\$183.84
Employee + Child(ren)	\$14.97	\$179.64
Employee + Family	\$24.66	\$295.92

### Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

#### Out-of-network reimbursement schedule (up to)

Eye Examination: \$45	Trifocal Lenses: \$65
Frame: \$70	Lenticular Lenses: \$100
Single-Vision Lenses: \$30	Elective Contact Lenses: \$105
Bifocal / Progressive Lenses: \$50	Visually Required Contacts: \$225

1. Excludes Maui Jim® eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 4. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.