Independence

Vision Benefit Highlights

Vision Care 100: 12/12/24

Covered Services (Calendar Year)	Your Costs (You pay)	
Exam	**In-Network**	**Out-of-Network**
Routine Eye Exam at Davis Participating Providers (1 exam/year)[1]	$10	$40 Reimbursement
Retinal Imaging	$39	Not covered
Lenses (1 pair/year)[1]	**In-Network**	**Out-of-Network[2]**
Single Vision Lenses	$25	$40 Reimbursement
Bifocal Lenses	$25	$60 Reimbursement
Trifocal Lenses	$25	$80 Reimbursement
Lenticular Lenses	$25	$100 Reimbursement
Lens Options	**In-Network**	**Out-of-Network**
Progressive Lenses - Standard/Premium/Ultra/ Ultimate	$65/$105/$140/$175	$60 Reimbursement
Polycarbonate Lenses - Single/Multifocal[3]	$35	Not covered
Digital/Intermediate Lenses	$30	Not covered
Photochromic Lenses - Single/Multifocal	No charge	Not covered
Photosensitive Lenses - Single/Multifocal	$70	Not covered
High-Index 1.67 / High-Index 1.74 Lenses	$60/$120	Not covered
Blue Light Lenses	$15	Not covered
Polarized Lenses	$75	Not covered
Lens Coatings		
Tinted Plastic Lenses	$15	Not covered
UV-Coated Lenses	No charge	Not covered
Scratch-Resistant Coating - Single/Multifocal	No charge	Not covered
Scratch-Protection Plan - Single/Multifocal	$20/$40	Not covered
Anti-Reflective Coating - Standard/Premium/ Ultra/Ultimate	$40/$55/$69/$85	Not covered
Frames (1 pair/Every 24 Months)[1]	**In-Network**	**Out-of-Network**
Collection Fashion Frames	No charge	Not covered
Collection Designer Frames	$15	Not covered
Collection Premier Frames	$40	Not covered
Non-Collection Frames	Up to $100 Allowance (plus a 20% discount on overage)[4]	$50 Reimbursement
Visionworks Frames Option	Up to $150 Allowance (plus a 20% discount on overage)[4]	Not covered