## 2023 Blue Cross Vision Value Enhanced Eyewear Only – Option 1



	In-network benefit	Out-of-network reimbursements
PRESCRIPTION GLASSES – Benefit available for eyeg	lass lenses or contact lenses once every 12 months	Frames: \$50
<b>Lenses*</b> Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children)	100% after \$10 copay	Lenses: - Single vision: \$40 - Bifocal/progressive:
Frames	1 every 12 months	\$60 Trife col: #80
Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level	100%; no copay 100%; no copay 100%; \$25 copay	- Trifocal: \$80 - Lenticular: \$100 Contact lenses: - Elective: \$105 - Visually required: \$225
Non-Davis Vision Exclusive Collection - Visionworks stores - Frames available from other participating retailers	No copay: plan pays up to \$180 plus 20% discount on remaining costs*** No copay: plan pays up to \$130 plus 20% discount on remaining costs***	*Your plan covers a wide variety of lenses. Be sure the lenses you choose are covered by your plan. You'll have to pay the full cost for
EYE GLASS ENHANCEMENTS		lenses your plan doesn't cover.
<ul> <li>Tinting of plastic lenses</li> <li>Scratch-resistant coating</li> <li>Polycarbonate lenses</li> <li>Dependent children, monocular patients and those</li> </ul>	Member pays \$0 Standard: \$0 / Premium: \$30 Member pays \$0	Your eyecare/eyewear provider can assist you with this, or you can contact customer service at the number on your vision
<ul> <li>With a prescription of +/-6.00 diopters or greater</li> <li>Adults</li> <li>Ultraviolet coating</li> <li>Anti-reflective coating</li> </ul>	Member pays \$30 Member pays \$12 Standard: \$35 / Premium: \$48 / Ultra: \$60 / Ultimate: \$85	member ID card. **Davis Vision Exclusive Collection available at most participating independent provider offices. Collection is
<ul> <li>Blue light filtering</li> <li>Progressive lenses</li> <li>High-index lenses</li> <li>Polarized lenses</li> </ul>	Member pays \$15 Standard: \$50 / Premium: \$90 / Ultra: \$140 / Ultimate: \$175 Member pays \$55 / \$120 Member pays \$75	subject to change. ***Additional discount not available at Costco, Walmart, Sam's Club or at participating online retail
<ul> <li>Plastic photochromic lenses</li> <li>Scratch protection plan</li> <li>CONTACT LENSES – Benefit available for eyeglass len</li> </ul>	Member pays \$65 Single vision: \$20 / Multifocal vision: \$40	providers. <sup>†</sup> Available at most participating independent provider offices. Collection is subject to change.
Collection contact lenses <sup>†</sup> - Disposable - Non-disposable	up to 4 boxes up to 2 boxes	<sup>††</sup> Available at participating retail providers. <sup>†††</sup> Visually required (also known as medically
- Evaluation, fitting and follow-up care	100% after \$10 copay	necessary) means that optimal visual correction
Non-collection contact lens allowance <sup>††</sup>	Plan pays up to \$130 plus 15% discount on remaining costs***	cannot be achieved with prescription eyeglasses but can be achieved with
- Evaluation, fitting and follow-up care for standard lenses	100% after \$10 copay	contact lens wear. Conditions that may
- Evaluation, fitting and follow-up care for specialty lenses	\$10 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs***	commonly justify visually required lenses include keratoconus, anisometropia,
Visually required contact lenses <sup>†††</sup> (preauthorization required) - Materials	100%	aniseikonia, high astigmatism, pathological myopia, post-traumatic disorders, aphakia, aniridia,
- Evaluation, fitting and follow-up care	100%	and certain corneal conditions.

This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary. Davis Vision is an independent company providing vision benefit management services and access to their network.

Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.