2023 Blue Cross Vision Value Enhanced Eyewear Only – Option 2



| | In-network benefit | Out-of-network reimbursements |
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| PRESCRIPTION GLASSES – Benefit available for eyeg | lass lenses or contact lenses once every 12 months | Frames: \$50 |
| Lenses* Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children) | 100% after \$10 copay | Lenses: - Single vision: \$40 - Bifocal/progressive: |
| Frames | 1 every 24 months | \$60 Trife and #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. |
| Tinting of plastic lenses Scratch-resistant coating Polycarbonate lenses Dependent children, monocular patients and those | 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 |
| With a prescription of +/-6.00 diopters or greater Adults Ultraviolet coating Anti-reflective coating | 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 |
| Blue light filtering Progressive lenses High-index lenses Polarized lenses | 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 |
| Plastic photochromic lenses Scratch protection plan CONTACT LENSES – Benefit available for eyeglass len | Member pays \$65 Single vision: \$20 / Multifocal vision: \$40 | providers. [†] Available at most participating independent provider offices. Collection is subject to change. |
| Collection contact lenses [†] - Disposable - Non-disposable | up to 4 boxes up to 2 boxes | ^{††}Available at participating retail providers. ^{†††}Visually required (also |
| | ' | known as medically necessary) means that |
| - Evaluation, fitting and follow-up care Non-collection contact lens allowance ^{††} | 100% after \$10 copay Plan pays up to \$130 plus 15% discount on remaining costs*** | optimal visual correction 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. |
| - Evaluation, fitting and follow-up care for specialty lenses | \$10 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs*** | Conditions that may commonly justify visually required lenses include keratoconus, anisometropia, |
| Visually required contact lenses ^{†††} (preauthorization required) - Materials | 100% | aniseikonia, high astigmatism, pathological myopia, post-traumatic |
| - Evaluation, fitting and follow-up care | 100% | disorders, aphakia, aniridia, 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.