

2024 Blue Cross Vision Premier Enhanced Exam and Eyewear – Option 2



| | In-network benefit | Out-of-network reimbursements |
|---|--|---|
| EYE EXAMS – One exam every 12 months | | |
| Eye exam Includes dilation when recommended by eye care professional | 100% after \$10 copay | \$40 |
| PRESCRIPTION GLASSES – Benefit available for eyeglass lenses or contact lenses once every 12 months | | |
| Lenses* Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children) | 100% after \$10 copay | Single vision: \$40 Bifocal/progressive: \$60 Trifocal: \$80 Lenticular: \$100 |
| Frames | 1 every 24 months | |
| Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level | 100%; no copay 100%; no copay 100%; no copay | \$50 |
| Non-Davis Vision Exclusive Collection - Visionworks stores - Frames available from other participating retailers | No copay: plan pays up to \$200 plus 20% discount on remaining costs*** No copay: plan pays up to \$150 plus 20% discount on remaining costs*** | |
| EYE GLASS ENHANCEMENTS | | |
| - Tinting of plastic lenses | Member pays \$0 | Not Covered |
| - Scratch-resistant coating | Standard: \$0 / Premium: \$30 | |
| - Polycarbonate lenses - Dependent children, monocular patients and those with a prescription of +/-6.00 diopters or greater - Adults | Member pays \$0 Member pays \$30 | |
| - Ultraviolet coating | Member pays \$12 | |
| - Anti-reflective coating | Standard: \$35 / Premium: \$48 / Ultra: \$60 / Ultimate: \$85 | |
| - Blue light filtering | Member pays \$15 | |
| - Progressive lenses | Standard: \$50 / Premium: \$90 / Ultra: \$140 / Ultimate: \$175 | |
| - High-index lenses | Member pays \$55 / \$120 | |
| - Polarized lenses | Member pays \$75 | |
| - Plastic photochromic lenses | Member pays \$65 | |
| - Scratch protection plan | Single vision: \$20 / Multifocal vision: \$40 | |
| CONTACT LENSES – Benefit available for eyeglass lenses or contact lenses once every 12 months | | |
| Collection contact lenses† - Disposable - Non-disposable | up to 8 boxes up to 4 boxes | Not Applicable |
| - Evaluation, fitting and follow-up care | 100% after \$10 copay | Not Applicable |
| Non-collection contact lens allowance†† | Plan pays up to \$150 plus 15% discount on remaining costs*** | \$105 |
| - Evaluation, fitting and follow-up care for standard lenses - Evaluation, fitting and follow-up care for specialty lenses | 100% after \$10 copay \$10 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs*** | Not Covered |

*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 lenses your plan doesn't cover. Your eyecare/eyewear provider can assist you with this, or you can contact customer service at the number on your vision member ID card.

**Davis Vision Exclusive Collection available at most participating independent provider offices. Collection is subject to change.

***Additional discount not available at Costco, Walmart, Sam's Club or at participating online retail providers.

†Available at most participating independent provider offices. Collection is subject to change.

††Available at participating retail providers.

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.