# Annual Plan Option

### In-network benefits

<table>
<thead>
<tr>
<th>Frequency – once every:</th>
<th>Vision plan design</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All members</strong></td>
<td><strong>Annual Plan</strong></td>
</tr>
<tr>
<td><strong>Eye health examination inclusive of dilation (when professionally indicated)</strong></td>
<td>12 months</td>
</tr>
<tr>
<td><strong>Spectacle lenses</strong></td>
<td>12 months</td>
</tr>
<tr>
<td><strong>Frame</strong></td>
<td>12 months</td>
</tr>
<tr>
<td><strong>Contact lenses (in lieu of eyeglasses)</strong></td>
<td>12 months</td>
</tr>
</tbody>
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### Copayments

- Eye health examination: Covered
- Contact lens evaluation and fitting: Covered

### Eyeglass benefit - frame

| Frame allowance (retail): | Up to $130 OR Up to $180 at Visionworks¹ Plus a 20% discount on any overage |

- **Davis vision frame collection² (in lieu of allowance):**
  - Fashion level: Covered
  - Designer level: Covered
  - Premier level: $25 member charge

### Eyeglass benefit – Spectacle Lenses

- Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx): Covered
- Tinting of plastic lenses: Covered
- Scratch-resistant coating: Covered
- Polycarbonate lenses (children³ / adults): $0 / $30
- Ultraviolet coating: $12
- Anti-reflective (AR) coating (Standard / premium / ultra): $35 / $48 / $60
- Progressive lenses (standard / premium / ultra): $50 / $90 / $140
- High-index lenses: $55
- Polarized lenses: $75
- Photochromic lenses (glass / plastic): $20 / $65
- Intermediate-vision lenses: $30
- Blended-segment lenses: $20

| Scratch protection plan: single vision / multifocal lenses | $20 / $40 |

### Contact lens benefit (in lieu of eyeglasses)

- **Contact lens: materials allowance**
  - Evaluation, fitting & follow-up care – standard & specialty lens types: 15% Discount

- **Exclusive Collection contact lenses³ (in lieu of allowance):**
  - Materials: disposable or planned replacement: up to 4 or 2 boxes
  - Evaluation, fitting & follow-up care: Covered

- **Visually required contact lenses** (with prior approval)
  - Materials, evaluation, fitting & follow-up care: Covered

### Additional savings

- Retinal imaging – member charge: $39
- Additional pairs of eyeglasses: 30% Discount

### Out-of-network reimbursement schedule

<table>
<thead>
<tr>
<th>Eye examination: $40</th>
<th>Single vision lenses: $40</th>
<th>Trifocal lenses: $80</th>
<th>Elective contact lenses: $105</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frame: $50</td>
<td>Bifocal/progressive lenses: $60</td>
<td>Lenticular lenses: $100</td>
<td>Visually required CL: $225</td>
</tr>
</tbody>
</table>

¹Enhanced frame allowance is available at all Visionworks locations nationwide.

²Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

³Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

One-year eyeglass breakage warranty included