



2025 Vision Plan Benefits

| 2025 Vision Plan Benefits | | |
|--|--|--|
| Employee Cost | | |
| Members/Coverage | Monthly Rate | |
| Employee Only | \$7.51 | |
| Employee and Spouse | \$12.81 | |
| Employee and Child(ren) | \$13.48 | |
| Employee and Family | \$19.81 | |
| | | |
| In-Network Benefits (Network Available at www.davisvision.com) | | |
| Service Type | Frequency | |
| Eye Examinations with Dilation (as necessary) | Once Every 12 months | |
| Spectacle Lenses | Once Every 12 months | |
| Frame | Once Every 12 months | |
| Contact Lens (In lieu of eyeglasses) | Once Every 12 months | |
| In Network | | |
| Eye Examination | \$10 | |
| Retinal Imaging | \$39 | |
| Spectacle Lenses | \$10 | |
| Non-elective (visually required) Contact Lens Evaluation, Fitting & Follow- | \$0 | |
| Up Care | | |
| Eyeglass Benefit - Frame | | |
| Frame Allowance (Retail) | Up to \$130 Up to \$180 at VisionWorks | |
| Additional Pairs | 30% discount on additional pairs at | |
| | select retailers | |
| Davis Vision Frame Collection (in Lieu of Allowance) | Member Co-Pays | |
| Fashion level/Designer level/Premier level | \$0 /\$0 /\$25 | |
| Eyeglass Benefits - Spectacle Lenses | Member Co-Pays | |
| Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular) | \$0 | |
| (Single Vision, Bifocal, Trifocal, Lenticular) | | |
| Tinting of Plastic Lenses | \$0 | |
| Scratch Resistant Coating | \$0 | |
| Polycarbonate Lenses (Children/Adults) | \$00/\$30 | |
| Digital Single Vision (Intermediate) | \$30 | |
| Ultraviolet Coating | \$12 | |
| Blue Light Filtering | \$15 | |
| Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ultimate) | \$35/\$48/\$60/\$85 | |
| Progressive Lenses (Standard/Premier/Ultra/Ultimate) | \$50/\$90/\$140/\$175 | |
| High Index Lenses | \$55 | |
| Polarized Lenses | \$75 | |
| Plastic Photochromic Lenses | \$65 | |
| Scratch Protection Plan: Single Vision/Multifocal Lenses | \$20/\$40 | |
| Contact Lens Benefit (in lieu of eyeglasses) | | |
| Contact Lens Material Allowance Plus a 15% discount on any overage | Up to \$130 plus 15% discount | |
| Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance) | | |
| Materials Disposable: up to | 4 boxes/multi-packs | |
| Planned Replacement: up to | 2 boxes/multi-packs | |
| Evaluation, Fitting & Follow Up Care | \$0 | |





2025 Vision Plan Benefits Continued

| Out-of-Network Reimbursement Allowance Schedule: | |
|--|-------------|
| Eye Examination | Up to \$ 40 |
| Frame | Up to \$ 50 |
| Lenses - Single Vision | Up to \$ 40 |
| Lenses - Bifocal/Progressive | Up to \$ 60 |
| Lenses - Trifocal | Up to \$ 80 |
| Lenses - Lenticular | Up to \$100 |
| Elective Contact Lenses | Up to \$105 |
| Visually Required Contact Lenses | Up to \$225 |