

Horizon Vision

Vision care is a worthy investment. Our plans are in place to help detect issues early and provide frames and lens options at affordable prices.



All Horizon Vision plans offer:

- An annual eye exam, including dilation
- Coverage for eyeglasses and contact lenses
- A higher frame allowance when purchased through Visionworks
- A one-year breakage warranty

Vision View Network

Horizon Vista II
Horizon Panorama IVA
Horizon Panorama IVB
Horizon Expanse V

111,000 Network points of access:

Independent eye care professionals, Visionworks, Glasses.com, 1 800 Contacts®, and Befitting as well as additional participating retail providers.¹

Vision Select Network

Horizon Vista III
Horizon Vista IV
Horizon Expanse VIIA
Horizon Expanse VIIB
Horizon Expanse VIII

66,000 Network points of access:

Independent eye care professionals, Visionworks, Glasses.com, 1 800 Contacts®, and Befitting.¹



Employer Paid (Funded): An employer must contribute 75% or more to be considered funded.

Employee Paid (Voluntary): When an employer contributes less than 75%, the plan is considered voluntary.

For more information, visit HorizonBlue.com/vision.

1. Horizon Vision plans access Davis Vision's nationwide networks. Network counts are based on data as of 8/2021 and are subject to change.

Horizon/Davis Vision View Network

Plan	Horizon Vista II	Horizon Panorama IVA	Horizon Panorama IVB	Horizon Expanse V
Frequency – Once Every				
Eye examination including dilation (when professionally indicated)	12 months	12 months	12 months	12 months
Spectacle lenses	12 months	12 months	12 months	12 months
Frame	24 months	12 months	24 months	12 months
Contact lens evaluation, fitting and follow-up care	12 months	12 months	12 months	12 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months	12 months	12 months
Copayments				
Eye examination	\$10	\$10	\$10	\$0
Spectacle lenses	\$25	\$25	\$25	\$10
Contact lens evaluation, fitting and follow-up care	-	\$0 ¹	\$0 ¹	\$0 ¹
Member Charges				
Eyeglass Benefit – Frame				
Non-collection frame allowance (retail) plus a 20% discount ² on any overage	Up to \$100 or \$150 ²	Up to \$130 or \$180 ²	Up to \$130 or \$180 ²	Up to \$150 or up to \$200 ²
Davis Vision Frame Collection ³ (in lieu of allowance): Fashion level / Designer level / Premier level	Included / \$15 / \$40	Included / Included / \$25	Included / Included / \$25	Included
Member Charges				
Eyeglass Benefit – Spectacle Lenses				
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)	Included	Included	Included	Included
Oversize lenses	Included	Included	Included	Included
Tinting of plastic lenses	\$15	Included	Included	Included
Scratch-resistant coating	Included	Included	Included	Included
Polycarbonate lenses ⁴	\$0 or \$35	\$0 or \$30	\$0 or \$30	Included
Ultraviolet coating	\$15	\$12	\$12	Included
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)	\$40 / \$45 / \$60 / \$85	\$35 / \$48 / \$60 / \$85	\$35 / \$48 / \$60 / \$85	\$35 / \$48 / \$60 / \$85
Progressive lenses (standard / premium / ultra / ultimate)	\$65 / \$105 / \$140 / \$175	\$50 / \$90 / \$140 / \$175	\$50 / \$90 / \$140 / \$175	Included / \$40 / \$90 / \$125
Intermediate-vision lenses	\$30	\$30	\$30	Included
High-index lenses	\$60	\$55	\$55	\$55
Polarized lenses	\$75	\$75	\$75	\$75
Plastic photosensitive lenses	\$70	\$65	\$65	\$65
Scratch Protection Plan: Single vision / Multifocal lenses	\$20 / \$40	\$20 / \$40	\$20 / \$40	\$20 / \$40
Blue Light Filtering	\$15	\$15	\$15	\$15
Contact Lens Benefit (in lieu of eyeglasses)				
Contact lenses: Materials allowance plus a 15% discount ⁵ on any overage	Up to \$100	Up to \$130	Up to \$130	Up to \$150
Evaluation, fitting and follow-up care – standard and specialty lens types	15% discount ⁵	15% discount ⁵	15% discount ⁵	15% discount ⁵
Collection Contact Lenses³ (in lieu of allowance)				
– Disposable	-	4 boxes/multipacks	4 boxes/multipacks	8 boxes/multipacks
– Planned replacement	-	2 boxes/multipacks	2 boxes/multipacks	4 boxes/multipacks
– Evaluation, fitting and follow-up care	-	Included	Included	Included
Medically required contact lenses (with prior approval) Materials, evaluation, fitting and follow-up care	Included	Included	Included	Included

1. \$0 copay only applies when member purchases from the collection of contact lenses.

2. Enhanced \$50 frame allowance is available at all Visionworks locations nationwide.

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

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

5. Discount not applicable at Walmart, Sam's Club or Costco.

Horizon/Davis Vision Select Network

Plan	Horizon Vista III	Horizon Vista IV	Horizon ExpansE VIIA	Horizon ExpansE VIIB	Horizon ExpansE VIII
Frequency – Once Every					
Eye examination including dilation (when professionally indicated)	12 months	12 months	12 months	12 months	12 months
Spectacle lenses	12 months	12 months	12 months	12 months	12 months
Frame	12 months	24 months	12 months	24 months	24 months
Contact lens evaluation, fitting and follow-up care	12 months	12 months	12 months	12 months	12 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months	12 months	12 months	12 months
Copayments					
Eye examination	\$0	\$10	\$0	\$10	\$10
Spectacle lenses	\$10	\$25	\$10	\$25	\$25
Contact lens evaluation, fitting and follow-up care	n/a	n/a	\$0 ¹	\$0 ¹	\$0 ¹
Eyeglass Benefit – Frame					
Member Charges					
Non-collection frame allowance (retail) plus a 20% discount ² on any average	Up to \$100 or \$150 ²	Up to \$100 or \$150 ²	Up to \$150 or \$200 ²	Up to \$150 or \$200 ²	Up to \$150 or \$200 ²
Davis Vision Frame Collection ³ (in lieu of allowance): Fashion level / Designer level / Premier level	Included / \$15 / \$40	Included / \$15 / \$40	Included	Included	Included
Eyeglass Benefit – Spectacle Lenses					
Member Charges					
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx)		Included	Included	Included	Included
Oversize lenses		Included	Included	Included	Included
Tinting of plastic lenses		\$15	Included	Included	Included
Scratch-resistant coating		Included	Included	Included	Included
Polycarbonate lenses (children ⁴ / adults)		\$0 / \$35	Included	Included	Included
Ultraviolet coating		\$15	Included	Included	Included
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)		\$40 / \$55 / \$69 / \$85	\$35 / \$48 / \$60 / \$85	\$35 / \$48 / \$60 / \$85	\$0 / \$0 / \$0 / \$85
Progressive lenses (standard / premium / ultra / ultimate)		\$65 / \$105 / \$140 / \$175	Included / \$40 / \$90 / \$125	Included / \$40 / \$90 / \$125	\$0 / \$0 / \$0 / \$175
Intermediate-vision lenses		\$30	Included	Included	Included
High-index lenses		\$60	\$55	\$55	Included
Polarized lenses		\$75	\$75	\$75	Included
Plastic photosensitive lenses		\$70	\$65	\$65	Included
Scratch Protection Plan: Single vision / Multifocal lenses		\$20 / \$40	\$20 / \$40	\$20 / \$40	\$20 / \$40
Blue Light Filtering		\$15	\$15	\$15	\$15
Contact Lens Benefit (in lieu of eyeglasses)					
Non-collection contact lenses: Materials allowance	Up to \$100 plus a 15% discount ⁵ on any average		Up to \$150 plus a 15% discount ⁵ on any average		
Evaluation, fitting and follow-up care – standard and specialty lens types	15% discount		15% discount		
Collection Contact Lenses³ (in lieu of allowance)					
– Disposable		n/a		Up to 8 boxes/multipacks	
– Planned Replacement		n/a		Up to 4 boxes/multipacks	
– Evaluation, fitting and follow-up care		n/a		Included	
Medically required contact lenses (with prior approval) Materials, evaluation, fitting and follow-up care		Included		Included	

1. \$0 copay only applies when member purchases from the collection of contact lenses.

2. Enhanced \$50 frame allowance is available at all Visionworks locations nationwide.

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

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

5. Discount not applicable at Walmart, Sam's Club or Costco.

Horizon Vision Out-of-Network Reimbursement Schedule

Your employees will always save the most when they use in-network vision professionals. If they use a vision professional from outside the network, they will need to pay in full at the time of service and submit a claim for reimbursement. Horizon Vision offers the following reimbursement schedule for all plans.

Service	Reimbursement up to:
Eye examination	\$40
Single-vision lenses	\$40
Frame	\$50
Bifocal/progressive lenses	\$60
Trifocal lenses	\$80
Lenticular lenses	\$100
Elective contact lenses	\$105 (\$80 for Vista plans)
Medically required contact lenses	\$225



LASIK Discounts

Horizon Vision members enjoy lower prices on LASIK procedures than those offered by other carriers, along with flexible financing options – up to 12 months interest free. Horizon Vision members can save 40 to 50 percent off the national average for traditional LASIK at one of the more than 1,000 locations across our nationwide network of laser vision correction providers.¹

1. Laser vision correction services are administered by QualSight, LLC. Terms and conditions are subject to change. This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon for the most current rates.

Pricing: Horizon/Davis Vision View Network

Horizon Vista II	
Premium Rates (Voluntary)	
Employee Only	\$5.26
Employee + Spouse	\$10.54
Employee + Child(ren)	\$11.06
Employee + Family	\$15.43
Premium Rates (Funded)	
Employee Only	\$3.62
Employee + Spouse	\$7.24
Employee + Child(ren)	\$7.60
Employee + Family	\$10.61

Horizon Panorama IVA	
Premium Rates (Voluntary)	
Employee Only	\$7.57
Employee + Spouse	\$15.15
Employee + Child(ren)	\$15.91
Employee + Family	\$22.19
Premium Rates (Funded)	
Employee Only	\$4.45
Employee + Spouse	\$8.90
Employee + Child(ren)	\$9.35
Employee + Family	\$13.04

Horizon Expanse V	
Premium Rates (Voluntary)	
Employee Only	\$11.18
Employee + Spouse	\$22.36
Employee + Child(ren)	\$23.48
Employee + Family	\$32.77
Premium Rates (Funded)	
Employee Only	\$7.87
Employee + Spouse	\$15.74
Employee + Child(ren)	\$16.53
Employee + Family	\$23.06

Horizon Panorama IVB	
Premium Rates (Voluntary)	
Employee Only	\$6.21
Employee + Spouse	\$12.44
Employee + Child(ren)	\$13.05
Employee + Family	\$18.21
Premium Rates (Funded)	
Employee Only	\$4.28
Employee + Spouse	\$8.56
Employee + Child(ren)	\$8.99
Employee + Family	\$12.54

Contact your Broker or
Horizon Account Representative
or visit [HorizonBlue.com](https://www.HorizonBlue.com).

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Pricing: Horizon/Davis Vision Select Network

Horizon Vista III	
Premium Rates (Voluntary)	
Employee Only	\$6.39
Employee + Spouse	\$12.79
Employee + Child(ren)	\$13.43
Employee + Family	\$18.73
Premium Rates (Funded)	
Employee Only	\$4.71
Employee + Spouse	\$9.42
Employee + Child(ren)	\$9.89
Employee + Family	\$13.80

Horizon Expanse VIIA	
Premium Rates (Voluntary)	
Employee Only	\$9.38
Employee + Spouse	\$18.76
Employee + Child(ren)	\$19.69
Employee + Family	\$27.48
Premium Rates (Funded)	
Employee Only	\$6.54
Employee + Spouse	\$13.08
Employee + Child(ren)	\$13.73
Employee + Family	\$19.16

Horizon Expanse VIII	
Premium Rates (Voluntary)	
Employee Only	\$9.89
Employee + Spouse	\$19.79
Employee + Child(ren)	\$20.78
Employee + Family	\$28.98
Premium Rates (Funded)	
Employee Only	\$6.88
Employee + Spouse	\$13.76
Employee + Child(ren)	\$14.45
Employee + Family	\$20.16

Horizon Vista IV	
Premium Rates (Voluntary)	
Employee Only	\$4.55
Employee + Spouse	\$9.10
Employee + Child(ren)	\$9.55
Employee + Family	\$13.33
Premium Rates (Funded)	
Employee Only	\$3.18
Employee + Spouse	\$6.36
Employee + Child(ren)	\$6.68
Employee + Family	\$9.32

Horizon Expanse VIIB	
Premium Rates (Voluntary)	
Employee Only	\$7.12
Employee + Spouse	\$14.23
Employee + Child(ren)	\$14.93
Employee + Family	\$20.84
Premium Rates (Funded)	
Employee Only	\$4.96
Employee + Spouse	\$9.92
Employee + Child(ren)	\$10.42
Employee + Family	\$14.53

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