

2018 Vision Plan Guide & Rates

Individual Plans Overview

	Horizon Vista V	Horizon Panorama V	
Network	Horizon/Davis Vision View		
In-Network Benefits			
	Once every:		
Eye examination inclusive of dilation (when professionally indicated)	12 months		
Spectacle lenses / frames	12 months / 12 months		
	Copayments		
Eye examination / spectacle lenses	\$10/\$10		
Eyeglass Benefit – Frame	Member Charges		
Non-collection frame allowance (retail):	Up to \$100 or \$150 ¹	Up to \$130 or \$180 ¹	
	Plus a 20% discount on any overage ²		
Davis Vision Frame Collection ³ (in lieu of allowance): Fashion / Designer / Premier	Included / \$15 / \$40	Included / Included / \$25	
Eyeglass Benefit – Spectacle Lenses			
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	Included		
Tinting of plastic lenses / scratch-resistant coating	\$15 / Included	Included / Included	
Polycarbonate lenses (children ⁴ / adults)	\$0 / \$35	\$0 / \$30	
Ultraviolet coating	\$15	\$12	
Anti-reflective (AR) coating (standard / premium / ultra)	\$40 / \$55 / \$69	\$35 / \$48 / \$60	
Progressive lenses (standard / premium / ultra)	\$65 / \$105 / \$140	\$50 / \$90 / \$140	
High-index lenses / plastic photochromic lenses / polarized lenses	\$60 / \$70 / \$75	\$55 / \$65 / \$75	
Scratch Protection Plan: single vision / multifocal lenses	\$20 / \$40		
Contact Lens Benefit (in lieu of eyeglasses):			
Non-collection contact lenses: materials allowance	Up to \$100	Up to \$130	
	Plus a 15% discount on any overage ²		
Evaluation, fitting and follow-up care – standard and specialty lens types	15% discount ²		
Collection Contact Lenses ³ (in lieu of allowance): Disposable / planned replacement	N/A	Up to 4 boxes/multi-packs / Up to 2 boxes/multi-packs	
Evaluation, fitting and follow-up care	N/A	Included	
Visually required contact lenses (with prior approval): Materials, evaluation, fitting and follow-up care	Included		
Out-of-Network Reimbursement Schedule – Up to:			
Eye examination: \$40	Single-vision lenses: \$40	Trifocal lenses: \$80	Elective contact lenses: Vista: \$80 / Panorama: \$105
Frame: \$50	Bifocal/progressive lenses: \$60	Lenticular lenses: \$100	Visually required contact lenses: \$225
One-year eyeglass breakage warranty included.			

Vista V	
Total Amount Due	
Subscriber Only	\$12.52
Subscriber + Spouse	\$25.04
Subscriber + Child (ren)	\$26.29
Subscriber + Family	\$36.68

Panorama V	
Premium Rates	
Subscriber Only	\$13.78
Subscriber + Spouse	\$27.56
Subscriber + Child (ren)	\$28.94
Subscriber + Family	\$40.38

¹ Members receive an additional \$50 allowance at Visionworks retail locations.

² Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

³ Davis Vision Collection is available at most participating independent provider offices. Collection is subject to change. Contact lens collection (Panorama V) is inclusive of select torics and multifocals.

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

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