2022 Blue Cross Vision Value Enhanced Eyewear Only – Option 1



	In-network benefit	Out-of-network reimbursements
PRESCRIPTION GLASSES – Benefit available for eyeg	Frames: \$50	
Lenses* Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children)	100% after \$10 copay	Lenses: - Single vision: \$40 - Bifocal/progressive:
Frames	1 every 12 months	\$60 - Trifocal: \$80
Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level	100%; no copay 100%; no copay 100%; \$25 copay	- Findcal. \$60 - Lenticular: \$100 Contact lenses: - Elective: \$105 - Visually required: \$225
Non-Davis Vision Exclusive Collection ^{††} - Visionworks stores - Frames available from other participating retailers	No copay: plan pays up to \$180 plus 20% discount on remaining costs*** No copay: plan pays up to \$130 plus 20% discount on remaining costs***	*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
EYE GLASS ENHANCEMENTS		cover.
- Tinting of plastic lenses - Scratch-resistant coating - Polycarbonate lenses - Dependent children, monocular patients and those	Member pays \$0 Standard: \$0 / Premium: \$30 Member pays \$0	Your eyecare/eyewear provider can assist you with this, or you can contact customer service at the number on your vision
with a prescription of +/-6.00 diopters or greater - Adults - Ultraviolet coating - Antireflective coating - Blue light filtering	Member pays \$30 Member pays \$12 Standard: \$35 / Premium: \$48 / Ultra: \$60 / Ultimate: \$85 Member pays \$15	member ID card. **Davis Vision Exclusive Collection available at most participating independent provider offices. Collection is subject to change.
- Progressive lenses - High-index lenses - Polarized lenses - Plastic photochromic lenses	Standard: \$50 / Premium: \$90 / Ultra: \$140 / Ultimate: \$175 Member pays \$55 / \$120 Member pays \$75 Member pays \$65	***Additional discount not available at Costco, Walmart, Sam's Club or at participating online retail providers.
- Scratch protection plan	Single vision: \$20 / Multifocus vision: \$40	†Available at most participating independent
CONTACT LENSES - Benefit available for eyeglass len	ses or contact lenses once every 12 months	provider offices. Collection is subject to change.
Collection contact lenses† - Disposable - Non-disposable	up to 4 boxes up to 2 boxes	^{††} Available at participating retail providers. ^{†††} Visually required (also
- Evaluation, fitting and follow-up care	100% after \$10 copay	known as medically necessary) means that
Non-collection contact lens allowance ^{††}	Plan pays up to \$130 plus 15% discount on remaining costs***	optimal visual correction cannot be achieved with prescription eyeglasses but can be achieved with
- Evaluation, fitting and follow-up care for standard lenses	100% after \$10 copay	contact lens wear.
- Evaluation, fitting and follow-up care for specialty lenses	\$10 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs***	Conditions that may commonly justify visually required lenses include
Visually required contact lenses††† (preauthorization required) - Materials	100%	keratoconus, anisometropia, aniseikonia, high astigmatism, pathological myopia, post-traumatic disorders, aphakia, aniridia,
- Evaluation, fitting and follow-up care	100%	and certain corneal conditions.

This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations.

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.