

Horizon Panorama IVB (Horizon/Davis Vision View Network)

Horizon Panorama IVB					
Once every:					
Eye examination including dilation (when professionally indicated)		Spectacle lenses		12 months	
Contact lens evaluation, fitting and follow-up care		Contact lenses (in lieu of eyeglasses)			
Frame				24 months	
Copayments					
Eye examination			\$10		
Spectacle lenses			\$25		
Contact lens evaluation, fitting and follow-up care			\$0 ¹		
Eyeglass Benefit — Frame			Member charges		
Non-collection frame allowance (retail)			Up to \$130 or \$180 ² plus a 20% discount ³ on any overage		
Davis Vision Frame Collection ⁴ (in lieu of allowance): Fashion level / Designer level / Premier level			Included / Included / \$25		
Eyeglass Benefit — Spectacle Lenses					
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)			Included		
Oversize lenses / Tinting of plastic lenses / Scratch-resistant coating			Included		
Polycarbonate lenses ⁵ / Ultraviolet coating			\$0 or \$30 / \$12		
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)			\$35 / \$48 / \$60 / \$85		
Progressive lenses (standard / premium / ultra / ultimate)			\$50 / \$90 / \$140 / \$175		
High-index lenses			\$55		
Intermediate-vision lenses			\$30		
Polarized lenses / Plastic photochromic lenses			\$75 / \$65		
Scratch Protection Plan: Single vision / Multifocal lenses			\$20 / \$40		
Blue Light Filtering			\$15		
Contact Lens Benefit (in lieu of eyeglasses):					
Contact lenses: Materials allowance			Up to \$130 plus a 15% discount ³ on any overage		
Evaluation, fitting and follow-up care — standard and specialty lens types			15% discount ³		
Collection Contact Lenses ⁴ (in lieu of allowance):					
– Disposable			4 boxes/multi-packs		
– Planned replacement			2 boxes/multi-packs		
Evaluation, fitting and follow-up care			Included		
Medically required contact lenses (with prior approval) Materials, evaluation, fitting and follow-up care			Included		
Out-of-Network Reimbursement Schedule up to:					
Eye examination	\$40	Spectacle lenses Trifocal	\$80	Elective Contacts	\$105
Single Vision Lenses	\$40	Lenticular	\$100	Visually Required Contacts	\$225
Bifocal	\$60	Frame	\$50		

¹ Copayment applies to Collection Contact Lenses only.

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

³ Discount not applicable at Walmart, Sam's Club or Costco.

⁴ Davis Vision Collection is available at most participating independent provider offices. Frame collection is subject to change. Collection is inclusive of select torics and multifocals.

⁵ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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