Horizon Focus I (Horizon/Davis Vision View Network)

			Horizon Focus I	
			Once every:	
Eye Examinations			Ineligible under vision plan; eye exams may be eligible under the group health plan	
Spectacle lenses			12 months	
Frame			24 months	
Contact lens evaluation, fitting and follow-up care			12 months	
Contact lenses (in lieu of eyeglasses)			12 months	
			Copayments	
Spectacle lenses			\$25	
Contact lens evaluation, fitting and follow-up care			\$0	
Eyeglass Benefit — Frame			Member charges	
Non-collection frame allowance (retail)			Up to \$100 or \$150 ¹ plus a 20% discount on any overage ²	
Davis Vision Frame Collection ³ (in lieu of allowance): Fashion level / Designer level / Premier level			Included / \$15 / \$40	
Eyeglass Benefit — Spectacle Lens	es			
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)			Included	
Oversize lenses			Included	
Tinting of plastic lenses			Included	
Scratch-resistant coating			\$15	
Premium scratch-resistant coating			\$30	
Polycarbonate lenses ⁴			\$0 or \$35	
Ultraviolet coating			\$15	
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)			\$40 / \$55 / \$69 / \$85	
Progressive lenses (standard / premium / ultra / ultimate)			\$65 / \$105 / \$140 / \$175	
High-index lenses: 1.67 / 1.74			\$60 / \$120	
Trivex lenses			\$50	
Polarized lenses			\$75	
Plastic photochromic lenses			\$70	
Digital single vision lenses			\$30	
Scratch Protection Plan: Single vision / Multifocal lenses			\$20 / \$40	
Blue Light Filtering			\$15	
Contact Lens Benefit (in lieu of eye	glasses)			
Contact lenses: Materials allowance			Up to \$100 plus a 15% discount ² on any overage	
Evaluation, fitting and follow-up care — standard and specialty lens types			15% discount ²	
Out-of-Network Reimbursement Sc	chedule - Up to:			
Single-Vision Lenses: \$40	Bifocal: \$60	Progressive Lenses: \$6 (in lieu of bifocal reimb	Progressive Lenses: \$60 (in lieu of bifocal reimbursement)	
Lenticular: \$100	Frame: \$50	Elective Contacts: \$10	Elective Contacts: \$105 Visually Required	

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

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

Davis Vision Collection is available at most participating independent provider offices. Frame collection is subject to change.
Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

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