

Horizon Focus II (Horizon/Davis Vision View Network)

Horizon Focus II	
Once every:	
Eye Examinations	Ineligible under vision plan; eye exams may be eligible under the group health plan
Spectacle lenses	12 months
Contact lens evaluation, fitting and follow-up care	12 months
Frame	12 months
Contact lenses (in lieu of eyeglasses)	12 months
Copayments	
Spectacle lenses	\$10
Contact lens evaluation, fitting and follow-up care	\$0
Eyeglass Benefit — Frame	
Member charges	
Non-collection frame allowance (retail)	Up to \$130 or \$180 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 / Included / \$25
Eyeglass Benefit — Spectacle Lenses	
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	Included
Premium scratch-resistant coating	\$30
Polycarbonate lenses ⁴	\$0 or \$30
Ultraviolet coating	\$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: 1.67 / 1.74	\$55 / \$120
Trivex lenses	\$50
Polarized lenses	\$75
Plastic photochromic lenses	\$65
Digital single vision lenses	\$30
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 ² on any overage
Evaluation, fitting and follow-up care — standard and specialty lens types	15% discount ²

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. Frame 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.

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Out-of-Network Reimbursement Schedule - Up to:			
Single-Vision Lenses: \$40	Bifocal: \$60	Progressive Lenses: \$60 (in lieu of bifocal reimbursement)	Trifocal: \$80
Lenticular: \$100	Frame: \$50	Elective Contacts: \$105	Visually Required Contacts: \$225

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