

# Vision Benefit Highlights

## \$100 Eyewear Benefit Annual Benefit

| Covered Services                                  | Your Costs (You pay)          |                                   |
|---|-------------------------------|-----------------------------------|
| <b>Benefits</b>                                   | <b>In-Network<sup>1</sup></b> | <b>Out-of-Network</b>             |
| Annual Plan Maximum                               | Unlimited                     | Unlimited                         |
| Deductible (Individual/Family)                    | \$0/\$0                       | \$0/\$0                           |
| Out-of-Pocket Maximum (Individual/Family)         | \$0/\$0                       | \$0/\$0                           |
| <b>Exam</b>                                       | <b>In-Network<sup>1</sup></b> | <b>Out-of-Network</b>             |
| Benefit Frequency                                 | 1 / Contract Year             | 1 / Contract Year                 |
| Routine Eye Exam at Davis Participating Providers | \$20                          | \$50 Reimbursement                |
| <b>Lenses</b>                                     | <b>In-Network<sup>1</sup></b> | <b>Out-of-Network<sup>2</sup></b> |
| Benefit Frequency                                 | 1 / Contract Year             | 1 / Contract Year                 |
| Single Vision Lenses                              | No charge                     | \$100 Reimbursement <sup>3</sup>  |
| Bifocal Lenses                                    | No charge                     | \$100 Reimbursement <sup>3</sup>  |
| Trifocal Lenses                                   | No charge                     | \$100 Reimbursement <sup>3</sup>  |
| Lenticular Lenses                                 | No charge                     | \$100 Reimbursement <sup>3</sup>  |
| Lens Options <sup>4</sup>                         |                               |                                   |
| Standard Progressive Lenses                       | \$50                          | Not covered                       |
| Premium Progressive Lenses                        | \$90                          | Not covered                       |
| Ultra Progressive Lenses                          | \$140                         | Not covered                       |
| Ultimate Progressive Lenses                       | \$175                         | \$60 Reimbursement                |
| Polycarbonate Lenses - Single Vision <sup>5</sup> | \$30                          | Not applicable                    |
| Polycarbonate Lenses - Multifocal Vision          | \$30                          | Not applicable                    |
| Photosensitive Lenses - Single Vision             | \$60                          | Not applicable                    |
| Photosensitive Lenses - Multifocal Vision         | \$70                          | Not applicable                    |
| High-Index Lenses                                 | \$55                          | Not applicable                    |
| High-Index 1.74 Lenses                            | \$120                         | Not applicable                    |
| Blue Light Lenses                                 | \$15                          | Not applicable                    |
| Polarized Lenses                                  | \$60                          | Not applicable                    |
| Lens Coatings                                     |                               |                                   |
| Tinted Plastic Lenses                             | No charge                     | Not applicable                    |
| UV-Coated Lenses                                  | \$12                          | Not applicable                    |
| Scratch-Resistant Coating Single-Vision Lenses    | \$15                          | Not applicable                    |
| Scratch-Resistant Coating Multifocal Lenses       | \$25                          | Not applicable                    |
| Scratch-Protection Plan Single Vision Lenses      | Not covered                   | Not applicable                    |
| Scratch-Protection Plan Multifocal Vision Lenses  | Not covered                   | Not applicable                    |
| Anti-Reflective Standard Lenses                   | \$33                          | Not applicable                    |
| Anti-Reflective Premium Lenses                    | \$48                          | Not applicable                    |

|   |   |                                  |
|---|---|----------------------------------|
| Anti-Reflective Ultra Lenses                                | \$60  | Not applicable                   |
| Anti-Reflective Ultimate Lenses                             | \$85  | Not applicable                   |
| <b>Frames</b>   | <b>In-Network<sup>1</sup></b>   | <b>Out-of-Network</b>            |
| Benefit Frequency   | 1 / Contract Year   | 1 / Contract Year                |
| Davis Collection Fashion Frames                             | No charge   | Not applicable                   |
| Davis Collection Designer Frames                            | No charge   | Not applicable                   |
| Davis Collection Premier Frames                             | No charge   | Not applicable                   |
| Non-Davis Collection Frames                                 | Up to \$65 Allowance (plus a 20% discount on average) <sup>6</sup>  | \$100 Reimbursement <sup>3</sup> |
| Visionworks Frames Option                                   | Up to \$65 Allowance (plus a 20% discount on average) <sup>6</sup>  | Not applicable                   |
| <b>Contact Lenses (in lieu of glasses)</b>                  | <b>In-Network<sup>1</sup></b>   | <b>Out-of-Network</b>            |
| Benefit Frequency   | 1 / Contract Year   | 1 / Contract Year                |
| Davis Collection Standard Daily Contact Lenses & Evaluation | Not covered   | Not applicable                   |
| Davis Collection Specialty Contact Lenses & Evaluation      | Not covered   | Not applicable                   |
| Davis Collection Disposable Contact Lenses & Evaluation     | Not covered   | Not applicable                   |
| Non-Davis Collection Contact Lenses & Evaluation            | Contacts: Up to \$100 Allowance;<br>Evaluation: Not covered;<br>(plus a 15% discount on average) <sup>6</sup> | \$100 Reimbursement              |
| Medically-Necessary Contact Lenses <sup>7</sup>             | Not covered   | Not covered                      |

<sup>1</sup> Participating Davis provider benefit.

<sup>2</sup> Lens Options are subject to out-of-network base lens reimbursement. See your benefit booklet for reimbursement amounts.

<sup>3</sup> Combined cost share.

<sup>4</sup> Spectacle lens options are available at most participating providers and member pays fixed discounted prices.

<sup>5</sup> Polycarbonate lenses for dependent children, monocular patients, and patients with prescriptions greater than or equal to +/6.00 diopters are covered at no cost.

<sup>6</sup> Member is responsible for balance. Additional discounts not applicable at Walmart, Costco, or Sam's Club locations.

<sup>7</sup> Covered with prior approval.

This summary represents only a partial listing of benefits of the Vision Care Program described in this summary. If your employer purchases another program, the benefits may differ. Also, benefits may be further defined by the vision policy. As a result, this vision plan may not cover all of your vision or health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms and limitations of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.ibx.com/LGBooklet](http://www.ibx.com/LGBooklet) or call 1-800-ASK-BLUE (TTY: 711).

Benefits may be changed by Independence Blue Cross to comply with applicable federal/state laws and regulations.

Administered by Davis Vision.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. [www.ibx.com](http://www.ibx.com)

## Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

### Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódííłnih koji' 1-800-275-2583.

### Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

## Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.