

STANDARD VISION

Vision Examinations

Benefits will be provided for one vision exam every 12 months.

	Plan		
	A	B	C
Member Copay	\$10	\$10	\$0

Frames

Benefits for new frames are provided every 24 months for plans A and B, or every 12 months for plan C. This includes directly related provider services (e.g. facial measurements, determination of interpupillary distances, assistance in frame selection, fitting and adjustment).

	Plan		
	A	B	C
Frames Allowance (Retail)	\$130	\$150	\$150
Or Davis Vision Exclusive Collection (Member Cost In Lieu of Allowance)			
Fashion Frames	\$0	\$0	\$0
Designer Frames	\$0	\$0	\$0
Premier Frames	\$25	\$0	\$0

Lenses

Benefits will be provided for new conventional lenses every 12 months, providing there were no benefits for contact lenses during the same period.

Member Copay for...	Plan		
	A	B	C
Single Vision	\$25	\$15	\$10
Bifocal	\$25	\$15	\$10
Trifocal	\$25	\$15	\$10
Progressive (Standard/Premium/Ultra/Ultimate)	\$50 – \$175		
Anti-Reflective Coating (Standard/Premium/Ultra/Ultimate)	\$35 – \$85		
Ultra-Violet Coating	\$12	\$12	\$0

Contact Lenses

Contact lenses are covered as a substitute for conventional lenses and frames. Benefits will be paid subject to the maximum noted below every 12 months, providing there were no benefits paid for frames or lenses (non-contact) during the same period.

	Plan		
	A	B	C
Contact Lens Evaluation	15% discount	\$15 copay	\$10 copay
Contact Lens Allowance	\$130 Max	\$150 Max	\$150 Max

Or Davis Vision Exclusive Collection (Member Cost In Lieu of Allowance)

Davis Vision Exclusive Collection (Includes Contact Lens Evaluation)	\$0	\$0	\$0
Disposable Lenses or Planned Replacement Lenses	4 boxes 2 boxes	8 boxes 4 boxes	8 boxes 4 boxes

OUT-OF-NETWORK REIMBURSEMENT

Eye Exam	Up to \$40
Frames	Up to \$50
Single Vision Lenses	Up to \$40
Bifocal/Progressive Lenses	Up to \$60
Trifocal Lenses	Up to \$80
Elective Contact Lenses	Up to \$105
Visually Required Contact Lenses	Up to \$225

Vision Exclusions

Services for the conditions of hypermetropia (farsightedness); myopia (nearsightedness); astigmatism; anisometropia; aniseikonia and presbyopia will only be covered as described above. Benefits for examinations; eye glasses; contact lenses; visual analysis or testing of visual acuity; biomicroscopy; field charting; orthoptic training; servicing of visual corrective lenses; and consultations related to such services will be limited only to those benefits, if any, described above. Prescription sunglasses, oversized, photosensitive or anti-reflective lenses will only be covered up to the benefit maximum for lenses as defined.

This outline is designed to present Standard Vision benefits in an easy-to-read format and does not cover all information contained in the Benefit Booklet. Limitations and exclusions in addition to those presented in this outline do exist. This outline is not a contract. For exact benefits and limitations, please request a copy of the Benefit Booklet.



WYOMING

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