

<b>Vision Care Services</b>	<b>In-Network</b>	<b>Out-of-Network Reimbursement</b>
Exam with Dilation (once every 12 months)	\$0 copayment	\$35 allowance
<b>Davis Vision Discount</b>	<b>Member Cost</b>	<b>Out-of-Network Reimbursement</b>
<b>Eyeglass Frames</b> (once every 12 months) Retail	\$0 Copay, \$200 allowance; 20% off balance over \$200	Up to \$50
Exclusive Collection Frames*	100% covered	Up to \$50
<b>Contact Lenses</b> (once every 12 months instead of eyeglasses)		
Retail	\$0 Copay, \$130 allowance; 15% off any remaining balance	Up to \$100
Exclusive Collection Frames*	100% covered	None
<b>Contact Evaluation, Fitting &amp; Follow-Up Care</b>		
Elective	15% Discount	None
Medically Necessary	100% Covered	\$200 Allowance
<b>Standard Plastic Lenses</b>		
Single Vision	\$0 copay	Up to \$25
Bifocal/Trifocal/Progressive	\$0 copay	\$40/\$65/\$40

\*Available at most participating independent provider offices. Collection is subject to change.