

PMHIC VISION BENEFITS (OPTIONS F & H)

IN-NETWORK BENEFITS	OPTION F	OPTION H
FREQUENCY - ONCE EVERY:		
Eye Health Examination inclusive of Dilation (when professionally indicated)	12 Months	
Spectacle Lenses	12 Months	
Frame	12 Months	
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months	
Contact Lenses (in lieu of eyeglasses)	12 Months	
COPAYMENTS		
Eye Examination	\$0	
Spectacle Lenses	\$0	
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0	
EYEGLASS BENEFIT - FRAME		
Frame Allowance (Retail)	Up to \$60	Up to \$130 Plus a 20% discount on any overage that may apply ^{/1}
Exclusive Collection of Frames^{/2} (in lieu of Allowance):		
Fashion Selection	Covered	Covered
Designer Selection	\$15 copayment	Covered
Premier Selection	\$40 copayment	\$25 copayment
EYEGLASS BENEFIT - SPECTACLE LENSES		
MEMBER CHARGES		
Clear Plastic Single-Vision, Lined Bifocal, Trifocal or Lenticular Lenses (any size or Rx)	Covered	Covered
Oversize Lenses	---	Covered
Tinting of Plastic Lenses	\$11	Covered
Scratch-Resistant Coating	---	Covered
Polycarbonate Lenses (Children ^{/3} / Adults)	\$0 / \$30	\$0 / \$30
Ultraviolet Coating	\$12	\$12
Standard Anti-Reflective (AR) Coating	\$35	\$35
Premium AR Coating	\$48	\$48
Ultra AR Coating	\$69	\$60
Standard Progressive Lenses	\$50	\$50
Premium Progressive Lenses	\$90	\$90
Ultra Progressive Lenses	\$140	\$140
High-Index Lenses	\$55	\$55
Polarized Lenses	\$75	\$75
Plastic Photochromic Lenses (i.e. Transitions [®] Signature [™])	\$65	\$65
Scratch Protection Plan: Single Vision / Multifocal Lenses	\$20 / \$40	\$20 / \$40
CONTACT LENS BENEFIT (in lieu of eyeglasses)		
Contact Lens: Materials Allowance	Up to \$85	Up to \$130 Plus 15% discount on any overage that may apply ^{/1}
- Evaluation, Fitting & Follow-Up Care Allowance - Standard Lens Types	---	Covered
- Evaluation, Fitting & Follow-Up Care Allowance - Specialty Lens Types		Up to \$60 Plus 15% discount on any overage that may apply ^{/1}
Collection Contact Lenses^{/2} (in lieu of Allowance):	Up to 4 boxes Covered	---
- Materials - Evaluation, Fitting & Follow-up Care		---
Visually Required Contact Lenses (with prior approval)	Covered	Covered
- Materials, Evaluation, Fitting & Follow-up Care		

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE (OPTION H) - UP TO:

Eye Examination: \$40	Single Vision Lenses: \$40	Trifocal Lenses: \$80	Elective Contact Lenses: \$105
Frame: \$50	Bifocal / Progressive Lenses: \$60	Lenticular Lenses: \$100	Visually Required Contact Lenses: \$225
Contact Lens Daily-Wear Fitting & Evaluation: \$20			Contact Lens Extended-Wear Fitting & Evaluation: \$30

^{/1} Additional discounts are not applicable at Sam's Club and Walmart locations.

^{/2} Exclusive Collection is available at participating independent provider offices and is subject to change.

^{/3} Polycarbonate lenses covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.



DAVIS VISION
EYECARE REFRAMEDSM

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